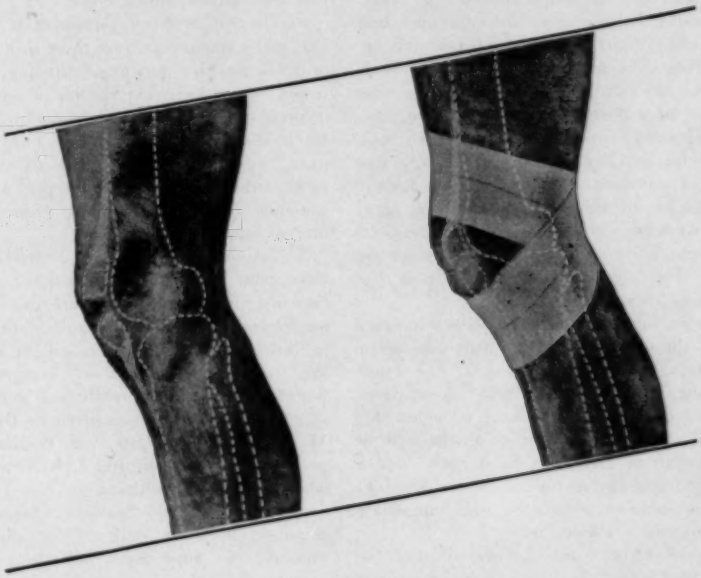
Elastoplast
TRADE MARK

in the treatment of a Fractured Patella



In the treatment of a fractured patella, operation is often delayed until effusion into the joint has ceased. If there is wide separation of the fragments their subsequent approximation may be difficult on account of shortening of the quadriceps. This shortening may be prevented by strapping the knee with a short length of 3" Elastoplast Bandage in the manner illustrated. The strapping should be retained during the interval between injury and operation.

SMITH & NEPHEW LTD.

2285 Papineau Street, Montreal (24) Que.

Between Ourselves

The brief note in last month's issue told you of the active participation, by numerous Canadian nurses, in the special courses given at various centres in the United States dealing with the subject of ***medical and nursing care in atomic warfare.*** We have talked to some of the nurses about the course, have had letters from others. All were agreed that it was a very strenuous undertaking. Their notebooks bulging with information, their brains in a whirl with so many new and bewildering facts, a little time has been necessary to sort out their thinking and get some of the facts down to share with you. One correspondent wrote that, having been back home for two hours, she had already discovered a total lack of textbooks on nuclear physics in the local library. She was planning to write immediately to a professorial friend for some help. "If anyone can let me know about the subject he will because that is one of his specialties."

Nurses have always had a tendency to carry on in the old routine way until someone or something shakes them out of it. The recent learning experiences of these nurses from various parts of Canada have provided this shock, this stimulus. The dominant note of these courses seems to have been that a changed concept of the nurse's responsibilities is imminent, both in the immediate present and in the future.

Britain accepted the challenge of probable air raids early in the 1930's. By training vast numbers of persons in their specific duties in the event of air raids, civilian casualties, though there were many of them, were much lower than they would have been. Atomic warfare is something entirely different. We may never need the knowledge of what to do and, God willing, we will never have to use it but preparedness for a new order in patient protection is urgent.

Just supposing any of our large metropolitan areas was attacked. Without being in any sense alarmists it is only right to warn that we, the professional nurses in that area, might have to accept responsibilities far beyond anything we have dreamed of up to the present. We must know about the dangers of irradiation, how to safeguard workers going into contaminated areas. We must be prepared to give emergency blood transfusions, treat burns, suture wounds. We must know how to discriminate between the patient who cannot be helped and the one who must have immediate care.

Our urgent problem, therefore, is to see that every nurse—not just those in hospitals or public health nurses or private duty nurses —*everyone* realizes that she has a job to do in preparing herself. Then she, in turn, must teach the public their responsibility. She must keep their interest alive so that the local authorities who are charged with organizing civilian defence will have an informed capable public to direct.

So far the group of nurse "specialists"—those who have had the benefit of instruction—is small. They will share their knowledge with others and so, on and on, in widening circles, the information will be spread. We, through the *Journal*, will keep material flowing out to you as rapidly as it is released to us. The first articles, written by **Dorothy M. Percy** and **Captain J. F. Wallace,** appear in this issue. **Colonel J. N. Crawford,** who is senior consultant to the Director General of Medical Services (Army), has promised us more material for the April number. We hope there will be a steady stream of articles. Do not miss one issue if you can avoid it!

* * *

Dr. H. G. Oborne *states that* ***external endometriosis*** is an extremely common cause of abdominal distress in women from their maturity to the menopause. His textbook-style treatment of the various aspects of this condition, his crisp paragraphs and simple explanations all make for ready understanding.

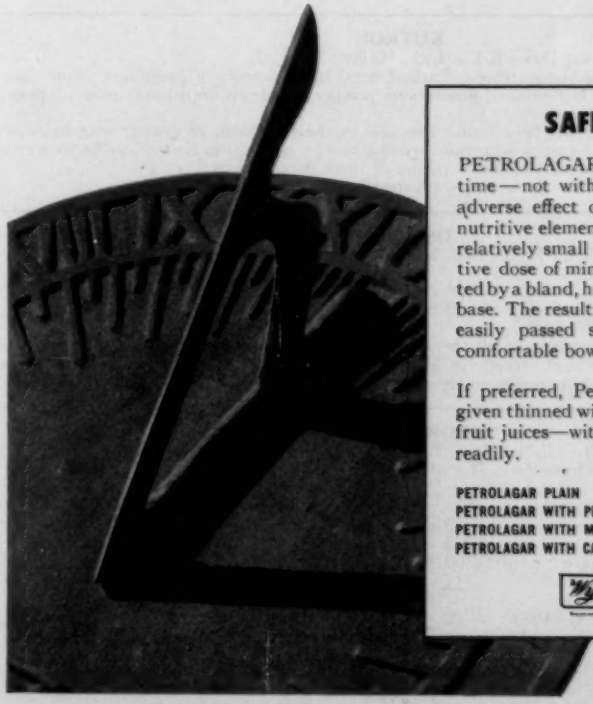
* * *

Our Easter Bunny *is youthful* Kenneth Jones of Port Arthur, Ont.

The world would be better and brighter if our teachers would dwell on the Duty of Happiness as well as on the Happiness of Duty, for we ought to be as cheerful as we can, if only because to be happy ourselves is a most effectual contribution to the happiness of others.

—Lord Avebury

HABIT TIME OF BOWEL MOVEMENT



SAFE . . .

PETROLAGAR, given at bedtime—not with meals—has no adverse effect on absorption of nutritive elements. It provides a relatively small but highly effective dose of mineral oil augmented by a bland, hydrophilic colloid base. The result is a soft-formed, easily passed stool, permitting comfortable bowel movement.

If preferred, Petrolagar may be given thinned with water, milk or fruit juices—with which it mixes readily.

PETROLAGAR PLAIN
PETROLAGAR WITH PENOLPHTHALEIN
PETROLAGAR WITH MILK OF MAGNESIA
PETROLAGAR WITH CASCARA

W. F. Goelz

New Products

Edited by **PROFESSOR F. N. HUGHES**

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

TYROLARIS

Manufacturer—Sharp & Dohme (Canada) Ltd., Toronto.

Description—A spicy-flavored antibiotic mouthwash containing in addition to a surface active agent: Tyrothricin 0.02%, d-Pantothenol 0.02%, Alcohol 10%.

Indications—To lessen chance of infection following injury to tissues of mouth; prior to and following dental prophylaxis; and general oral hygiene.

Administration—As a general mouthwash or as a spray, full strength, every one-half to two hours. Prolonged retention in the mouth is desirable. Should not be used as a gargle.

LIPO-B

Manufacturer—Canada Pharmacal Co. Ltd.

Description—A palatable concentrated mixture containing in each cc.:

Tri-choline citrate	70	mgm.	Riboflavin	0.05	mgm.
d-l Methionine	25	mgm.	Niacinamide	0.4	mgm.
Inositol	25	mgm.	Pyridoxine	0.2	mgm.
Thiamine HCl	0.2	mgm.			

Indications—For treatment of cirrhosis, toxic hepatitis, and other conditions associated with high blood cholesterol.

Administration—Orally, as prescribed.

KUTROL

Manufacturer—Parke, Davis & Co. Ltd., Walkerville, Ont.

Description—Kutrol (Uroenterone, Parke-Davis) is an extract of pregnancy urine (also known as Anthelone), a buff-colored amorphous powder free from unpleasant odor or taste; in Kapseals containing 75 mg.

Indications—Kutrol has been found effective in the treatment of crateriform duodenal ulcers. It does not inhibit gastric secretions when given by oral route. Kutrol can be expected to induce remission of the ulcer within a period of three to six weeks.

Administration—Usual dosage is two Kapseals four times daily.

OSMOTOL

Manufacturer—Rougier Frères Inc., Montreal.

Description—

Resorcin	0.10 gm.	Alcohol 90%	35.0 gm.
Ephedrine chloride	0.10 gm.	Glycerin (anhydrous) ad	100. gm.

Indications—Ear affections.

Administration—Completely fill the auditory canal with the solution 2 to 5 times per day. Do not heat the solution. Keep the head on the side for a quarter of an hour. Abstain from using warm or hot compresses on the ear.

PROBESE, A-B-C

Manufacturer—Bell-Craig Limited, Toronto.

Description—Triple formulation for obesity—see label:

A—YELLOW—*Morning*		B—GREEN—*Noon*	
Amphetamine sulphate	5 mg.	Amphetamine sulphate	5 mg.
Thyroid	2/3 gr.	Thyroid	2/3 gr.
Atropine sulphate	1/360 gr.	Atropine sulphate	1/360 gr.
Aloin	¼ gr.		

C—PINK—*Night*

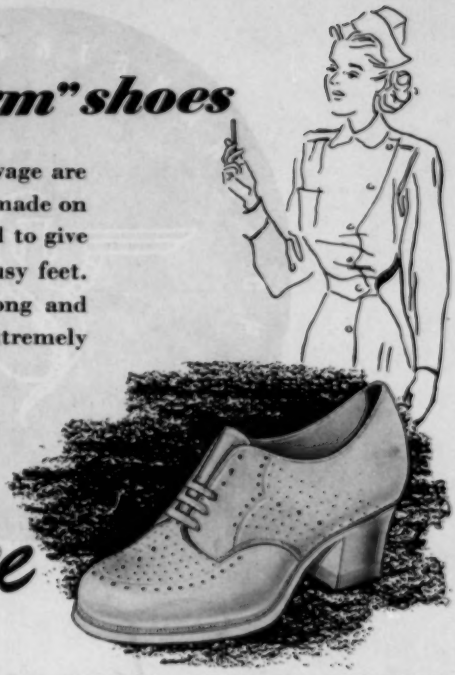
Amphetamine sulphate	5 mg.
Thyroid	2/3 gr.
Phenobarbital	¼ gr.

Indications—Control of appetite in obesity.

Administration—Orally, one tablet of each color per day—Yellow tablet, half hour before breakfast. Green tablet at noon. Pink tablet at 4:00 p.m.

"white uniform" shoes

"White Uniform" shoes by Savage are light and cool and beautifully made on Hurlbut lasts. They're designed to give a relaxed and easy swing to busy feet. Attractively styled, they last long and wear well. You'll find them extremely comfortable and long-wearing.



by Savage

THE SAVAGE SHOE COMPANY LIMITED • PRESTON • ONTARIO

GYNIMBINE

Manufacturer—Rougier Frères Inc., Montreal.
Description—Each cc. contains:
Yohimbine hydrochloride pure 0.005 gm. Glucose, officinal pure..... 0.250 gm.
Indications—Hypogalactia; hypertension; dolichocolon and chronic constipation; bronchial hypersecretion.
Administration—½ to 1 ampoule per day.

NITRINOSE

Manufacturer—Rougier Frères Inc., Montreal.
Description—Hypotensive with a prolonged action. Each tablet contains 5 mg. hexanitro-meso-inositol ($CHONO_3$)$_6$.
Indications—Arterial hypertension; angina pectoris; asthma; cardiac dyspnea; arteritis.
Administration—The average dose is 6 tablets per day (to be swallowed whole with a little water preferably between meals).

ZOFF

Manufacturer—Smith & Nephew Limited, Montreal.
Description—Zoff is a non-inflammable plaster solvent.
Indications—For the removal of adhesive plaster and for cleansing oil, grease, and dirt from the patient's skin prior to the application of adhesive plaster and prior to dressing the wound.

ENTROPHEN

Manufacturer—Charles E. Frosst & Co., Montreal.
Description—Enteric-coated tablets containing 5 grains of "Acetophen" (Acetyl-salicylic acid, Frosst).
Indications—For the relief of pain in the chronic arthritides, where the patient is unable to tolerate the large doses required due to gastric irritation, or where peptic ulcer makes the use of salicylates undesirable.
Administration—One to four tablets every four hours.

Through a nurse's hands

pass most of the products of Abbott research and manufacture. You do not prescribe them, of course. You administer them—with skill and judgment, with patience and firmness, with kindness and often with courage. On some of these occasions you may have felt that you'd like to learn more about a certain drug you have faithfully given as directed, that you'd be a better, fuller nurse for the learning. • In the next issue, we will begin a series of advertisements on Abbott products—to help you add to your abundant store of knowledge on the *why* side as well as the *how*. • This is not wholly unselfish on our part. You are important to us. There are many instances when your influence is an ethical factor in determining which pharmaceutical product shall be used. That's another reason we want you to know more about Abbott and what we make and why it is good. • In ethical advertising to bright minds we try not to be scientifically dull. We hope that you will find our ads interesting. Will you watch for them ?

ABBOTT LABORATORIES LIMITED, MONTREAL

Abbott

BOSTON UNIVERSITY
SCHOOL OF NURSING
LIBRARY

The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME FORTY-SEVEN *NUMBER THREE*

MONTREAL, MARCH, 1951

A Beacon Light

Average reading time — 3 min. 36 sec.

BECAUSE IT IS often possible to get a much clearer, more balanced perspective of the progress and trends in one's own work through outside eyes than from a locally-conducted survey, the report of the Study Committee on Public Health Practice in Canada, prepared by Dr. J. H. Baillie and Miss Lyle Creelman, merits unusually careful study by all who are interested in health developments in Canada.

No effort was made to survey every official health agency in Canada. In so vast a country such a plan would have been wasteful, unnecessary, and impossible. Instead, representative urban and rural services in each province, with the exception of Newfoundland, were explored as thoroughly as possible in the time at the investigators' disposal. That they were able to condense their findings into a 78-page report is in itself remarkable. Even more vital is the lucidity and conciseness with which they portray the things they found—and alas! the things they did not find.

It is human nature to become a bit smug about a piece of work that is apparently meeting the situation satisfactorily so far as the local personnel, the board members, and the community at large are concerned. It is possible and probable much of that self-congratulation will evaporate if each organization will make an honest appraisal of the services being provided in the light of the 59 compact, well-formulated recommendations the report contains. This means, of course, that the various sections of the report have to be read, interpreted, discussed, and evaluated in terms of the service offered in each community. In the long run, such a vigorous housecleaning might, nay, should result in the discarding of many long-established practices and the smartening up of the service. For example, Recommendation 2 on page 24 says:

Each health agency should review critically the data it collects routinely with a view to eliminating all recording which is not analyzed regularly and which is not directly related to the health of the public.

Perhaps if this one item is taken seriously and time-wasting recording eliminated, it will be possible to

counteract another serious criticism—"In many agencies there is no plan to devote any time to staff education."

We could go on and on with examples of where local study is needed. Instead, we suggest that you turn to the Public Health Nursing Page and read the comments of Miss Helen M. Carpenter, then sit down and order your own copy of the report. We hope that as many of you as are able will also read Miss Gabrielle D. Côté's interpretation on the page Aux Infirmières canadiennes-françaises.

The coming months will see several more articles discussing various aspects of the report on the special page for public health nurses. We hope that nurses in our hospitals, particularly the directors and instructors in our schools of nursing, will also ponder on the material these articles contain. There is meat in the report for this group, too. Under the present program it is considered essential that every public health nurse should be first of all a graduate of an approved school of nursing. "There has yet to be suggested an acceptable method of giving basic preparation for public health nursing other than through a general course." "It is, therefore, necessary that our hospital and university schools of nursing think in terms of preparing nurses for service in any part of Canada, and not for one selected area or type of practice."

No one should consider the report the final word on public health practice in Canada. Dr. Baillie and Miss Creelman would be the first to deprecate such an assumption. They have not included, for example, recommendations regarding activity in geriatrics—a growing field of public health concern that will have to be included eventually if all of the public is to receive consideration. The increasing mortality from cardiac conditions, cancer, is surely a public health problem, too. These will come into the orbit some day. In the meantime, here we have a beacon light that will reveal many, many dark corners of neglect in present-day public health practices.

The word "beacon" is derived from the same Old Teutonic form as our word "beckon." As well as being a guide, then, in exploring new channels, this report calls to us, challenges us to open our minds to the improvement of health services for all the people. We must not let the call go unheeded.

In Our Mail

Dear *Editor:*

It has been in my mind for a long time to write you a note to tell you how much I enjoy each issue of *The Canadian Nurse.* The Christmas number arrived this morning and from a quick glance I can see that I am going to doubly enjoy this one—all about mothers and babies.

I no longer engage in active nursing. We have a dear little son who was a year old in October. I have my hands full. However, I do like to read about the latest "doings" in nursing circles and it's also a good way to keep track of friends. When I have read my copy I send it along to a fellow nurse who lives with her husband on a farm. When she has read it she sends it on to another married nurse friend, so good use is made of each copy. Two of us are graduates of the Toronto General and the third of Prince Edward County Hospital, Picton. Incidentally, the subscription almost pays its own way, as I have had many delightful free samples of this and that sent to me. I send for any samples offered.—S. C.

* * *

Dear *Editor:*

I am not often moved to express my appreciation of articles or editorials in concrete form. However, I was particularly impressed by the editorial, "Unto You is Born." It seemed most fitting that the nursing profession should thus acknowledge its origin in the religious orders of the Christian Church. Thank you.

This particular issue is of great interest to hospitals of this type where most of our work is obstetrical and medical. We will read it all with interest and profit.—A. G. G.

External Endometriosis

H. G. Oborne, M.D.

Average reading time — 11 min. 24 sec.

The following brief article is designed to help those students who may have reached their final year with a hazy conception of this important cause of female morbidity. For purposes of simplification and easy reading no references are given and the subject is dealt with in textbook fashion.

Frequency

The frequency of this condition is such that a general practitioner must be constantly on the alert to detect it. The incidence of gross tissue invasion as seen in pelvic surgery approaches 30 per cent and in the applicable age group it far exceeds acute appendicitis as a cause of lower abdominal pain.

Susceptibility

It tends to occur in childless women or in women who have failed to bear children for a period of five years or more. It always develops during the menstrual phase of life—in women of child-bearing age who are not having children. Young women sometimes develop it but it is rare before the age of 20. There seems to be a familial susceptibility in that a mother and several daughters are frequently afflicted.

General Pathology

We will not consider internal endometriosis in which the endometrium is desseminated through the uterine wall since it in no way resembles clinically the subject of our article.

Endometriosis is a growth of endometrium anywhere except in the lining of the uterine cavity and the term "external endometriosis" denotes growth outside of the uterus. In its growth, it closely resembles cancer but the cells are more differentiated. It has, however, the clinical attributes of cancer—speedy growth, spread, invasion, and metastases. Cytologically, it is benign. Otherwise it is a cancer in that it progresses at variable rates but in the direction of death until arrested by some form of castration or the menopause.

The growth being endometrium, menstruates, the usual structural unit being an endometrial walled cyst that discharges into its own lumen. When the menstrual fluid produced meets the peritoneum, it causes a local chemical peritonitis with resultant fibrous tissue formation and consequent adhesions. The cyst wall itself can grow centrifugally to invade host tissue but this invasion is somewhat opposed by the production of the fibrous tissue mentioned above.

After the menopause, however produced, endometrial tumors regress and on this fact depends the present mode of treatment.

Associated Pathology

1. Over 50 per cent of the patients with external endometriosis have fibroids. Indeed, internal and external endometriosis together with fibroids are often found in the same patient suggesting they may have a common etiology. In other words, the fibroids may be produced by an overgrowth of muscle and fibrous tissue due to the stimulus of endometrial cells lodged in the musculature of the uterus.

2. Retroposition of the uterus occurs in about 30 per cent of cases and is a possible cause of endometriosis due to interference with the normal expulsion of menstrual flow.

Gross Pathology

The characteristic feature is the presence of black or brown puckered areas, usually with cyst formation in

Dr. Oborne is a member of the medical staff of the Calgary Associate Clinic.

the pelvic viscera, anywhere. These dark puckerings consist of endometrial tissue enclosing old blood thus forming cysts of varying size but not usually larger than a bean. The name chocolate cyst is given to this type of formation. Such cysts often rupture allowing endometrial cells to escape and give rise to a second crop of implants wherever the cells fall. If the rupture is sudden it usually occurs just before or early in a period, giving rise to a pain syndrome varying in intensity from mild appendicitis to a ruptured tubal pregnancy. If the seepage from the cyst is more gradual, it causes only an unusually painful period. The material seeping from the cyst, whether slowly or suddenly, is irritating and sets up an intense peritoneal reaction resulting in dense adhesions which bind all pelvic organs together in a bizarre fashion.

Wherever the cyst is found, it feels hard—almost like cancer—and tender. The examining hand often finds them along the uterosacral ligaments.

Microscopic Pathology

The microscopic diagnosis depends on the demonstration of endometrium-like glands surrounded by a typical endometrial stroma. Both glands and stroma show cystic menstrual changes. Should the patient become pregnant, the stroma cells undergo a decidua-like reaction.

Symptoms

Increasing dysmenorrhea is almost always present provided there are any symptoms at all. The quality and position of the pelvic pain does not matter; the important feature is that menstruation and pain are synchronous and that pain *increases* with subsequent periods.

A change in the amount of flow may be a symptom. Shaking or jarring the pelvis may increase the pain as may also defecation. The symptoms result from peritoneal irritation.

Signs

The only significant sign is elicited by rectovaginal examination. The best time to do this is just at the onset of a period. The examiner's vaginal finger pushes the cervix upward to tense the uterosacral ligaments and the peritoneum of the posterior fornix. At the same time, the rectal finger explores the area tensed for the presence of a hard tender nodule.

Pain on movement of the cervix has the same import as the jarring, etc., previously mentioned; it signifies peritoneal irritation and is often present but is not pathognomonic.

Diagnosis

A diagnosis can be made on history as follows: A woman of childbearing age who has not been pregnant for some time; and who has progressively increasing pain at the time of her period.

If, in addition to such a history, a tender hard nodule may be felt in her pelvis, there is strong corroboration. Such history alone is, however, presumptive evidence of external endometriosis.

Differential Diagnosis

1. *Chronic salpingitis:* This is the commonest cause of confusion and the most difficult condition to differentiate on examination alone. History, however, should provide the clue, together with the possibility of finding a nodule. One helpful and simple clinical test to aid differentiation is the application of heat to the pelvis, which gives relief to salpingitis but aggravates the pain of endometriosis.

2. *Uterine myomas:* As previously mentioned, 50 per cent of patients with endometriosis have associated uterine fibroids. If a patient with a palpable myoma develops progressive dysmenorrhea and pelvic discomfort, endometriosis is to be considered.

3. *Ovarian neoplasm:* As with fibroids the history suggests the diagnosis, especially if the tumor is not freely moveable and is tender.

4. *Appendicitis:* The chronic right-sided pain of endometriosis is easily mistaken for appendicitis if a careful analysis of menstrual history is not made and a pelvic examination is not done. One should be wary of an attack

of appendicitis that occurs on the day preceding a period.

Because of the invasive character of the lesion, both by rupture of the cysts and ordinary growth, a variety of associated symptoms may arise referable to the bowel, bladder, or other structures. Invasion of the bowel may result in partial obstruction and a mistaken diagnosis of carcinoma of the colon. Bladder invasion may cause frequent and painful micturition, together with hematuria which is aggravated at the time of the menses. Occasionally vaginal cysts may be discovered, usually behind the cervix in the posterior fornix.

The important fact to remember is that even the associated symptoms are intensified at the time of menstruation.

Treatment

When untreated, the condition is progressive until the menopause and seldom fatal, *per se*. The treatment is surgical but the decision to operate depends upon the age of the patient and the severity of her symptoms. In young women who want children every effort should be made to preserve ovarian tissue while removing all pelvic endometrial lesions as thoroughly as possible. Pregnancy should be encouraged since it tends to arrest the disease but it must be noted that a woman's chances of conceiving are materially reduced by the presence of endometriosis.

Associated myomata should be removed at the time of operation to further enhance the chances of normal pregnancy. If the ovaries are found to be hopelessly diseased, they, of course, should be removed.

In older women at the end of the child-bearing period radical surgery is indicated if it can be done without danger to life. It is often impossible, owing to dense adhesions, to carry out oophorectomy and hysterectomy. Under such circumstances radiological treatment of the ovaries offers relief from pain without danger.

Cystic Fibrosis of the Pancreas

Marguerite M. Ledoux

Average reading time — 16 min. 48 sec.

Of interest to the pediatric nurse, cystic fibrosis of the pancreas is a relatively infrequent condition found exclusively in children. Probably present at birth, the authorities claim that between 2 and 3 per cent of autopsies of infants or children show this condition to be present. Apparently it is more prevalent among females than males in the ratio of two to one. Perhaps a quotation from Holt's "Diseases of Infancy and Childhood" will serve to explain this abnormality:

Miss Ledoux was on the staff of St. Joseph's Hospital, Victoria, B.C., when this study was prepared.

The microscopic appearance may logically be interpreted as the result of obstruction of the small or large pancreatic ducts. The ducts of Wirsung and Santorini have been found normal in some cases and atritic in others. How obstruction may occur in the presence of normal ducts is not clear.

The small ducts and acini are distended with inspissated secretory material and separated from one another by connective tissue. There is some change in the microscopic picture with age. In the youngest infants the lobular pattern is retained; the acini, though dilated, can be distinguished from the ducts and many lymphocytes and plasma cells are scattered through the fibrous tissue. In later

infancy the fibrous tissue is greatly increased in amount and replaces most of the parenchyma; the lobular pattern is obscure and lymphocytes are few. Embedded in the fibrous tissue are normal islands of Langerhans and large and small cysts. In some of the cases over one year of age, the acinar tissue is largely replaced by fat. The islands of Langerhans are seldom involved. A small number of these cases show atresia of the intestine which dominates the clinical picture and causes early death. Other associated anomalies, compatible with longer survival, are atresia of the cystic duct, biliary cirrhosis, and stricture of the ureter.

One of the most interesting aspects of this condition is the difficulty of diagnosis. Secondary symptoms frequently mask the true clinical picture and it is not until the illness is far advanced that a proper diagnosis of the primary condition can be determined. The following case history presents a typical illustration:

ADMISSION

On December 29, Baby Vera was admitted to the pediatric department. Brought in by her father, the infant, aged four months, showed signs of respiratory distress. There was evidence of cyanosis, stertorous breathing, and troublesome cough. Rectal temperature was 99.4°, pulse 128, respirations 44. She appeared to be entirely normal in all other respects. The father, however, stated that the baby had been taking its formula poorly and had been crying continuously, though its stools were normal. After initial examination by the child's physician a nembutal suppository, gr. ¼, was inserted.

TREATMENT

In accordance with a tentative diagnosis of bronchial pneumonia, the following treatment was carried out: Penicillin, 10,000 units q. 3 h.; child placed in a croup tent; sinapisms (strength 1:5) applied to the chest t.i.d., care being taken to avoid skin irritation on the site of application. Vera was placed on a weakened formula of half strength canned milk q.i.d. All other infant foods were withheld. A complete blood count and x-ray of the chest were ordered.

The following day, the infant appeared to improve. Her color was better. Seven ounces of formula was taken at each feeding without regurgitation. She had a normal stool. However, it was noted that cyanosis became quite apparent after coughing spells and her respiration was shallow, wheezy, and labored. To alleviate the cyanotic condition, the doctor further ordered oxygen inhalations p.r.n. A mixture of cocodiazine and cocothiazole (aa. oz. 1½, dosage q. 4 h. during the day) was administered. This treatment was continued until January 5. However, the value of the mixture was limited because of repeated emesis following the dose. A further problem was the rash which appeared on the chest and left side of the neck three days after the medication was started. It consisted of a sparsely diffused papular eruption. The mixture was discontinued and on January 8 the sinapisms were also dispensed with. It was not until January 11 that the baby's condition warranted the discontinuance of penicillin.

The physician then increased the diet by adding cereal, coddled egg, and puree of fruits and vegetables. He ordered elixir sulfadiazine, dosage dr. 1 q. 4 h., during the day. On January 14 about 7:00 p.m., it was observed that Vera was perspiring profusely and had developed a papular rash over the thorax which spread down the arms during the night. This condition progressed through the following day and mucus became troublesome in the infant's throat. As a result, the physician ordered penicillin resumed with an increased dosage of 15,000 units q. 3 h. By 6:00 p.m. of January 15, large red areas with raised whitish centres appeared irregularly all over the body. The doctor was informed and ordered elixir benedryl (dr. 1 stat.). The macular rash seemed to disappear overnight but the papular rash continued unimproved. The following day the same sequence of events occurred. It was discovered that the baby was allergic to eggs and this food was discontinued.

On January 17 the penicillin and sulfa were stopped but elixir benedryl (dr. 1 q.i.d.) was ordered and the nurse was instructed to note any change in respiration. Toxicity, due to excessive administration of this drug, is manifested by an

increase in the depth and rhythm of respiration.

Wheezing became worse during the next few days and adrenalin m.ii (H) was administered with immediate but only temporary relief. By January 21 the rash had improved to the point where the benedryl could be discontinued. During the last few days Vera had shown eagerness for her formula but did not appear to be satisfied. Three to four normal evacuations had been charted daily. Two days later, as the wheezing condition had not substantially improved, aminophylline, gr. 3 diluted in 10 cc. tap water, was instilled rectally p.r.n.

On January 24, as the result of repeated requests for the return of the child to its home, Vera was discharged from the hospital. The wheezing condition was still present, though other symptoms had disappeared.

Laboratory tests: Routine analysis showed that there was a large amount of amorphous sediment present. The blood count on December 30 was: W.B.C. 16,300, N.61%, L.39%, Hb. 81%; color index .88; morphology, normal. On January 22 the W.B.C. had risen to 18,300, N.39%, L.60%.

Chest x-ray on January 11 revealed peribronchial infiltration at the base of both lungs, especially the right, indicating bronchial pneumonia. Subsequent x-ray on January 20 showed considerable improvement. The areas of congestion had diminished.

During this period of hospitalization, the patient's rectal temperature ranged 98.6°-100.6°. Vera gained three ounces in weight following an initial loss of the same amount in early stages of her illness.

Second Hospitalization

Baby Vera was readmitted to the hospital on February 11, showing symptoms similar to those displayed on her first admission, supplemented by a marked degree of pallor, with profuse perspiration. The breathing was very difficult but the cough seemed looser than on the first occasion. The eyes showed an anxious expression and the nostrils were slightly pinched. Circumoral cyanosis was present.

After examination by the physician, the baby was placed immediately in an oxygen tent and adrenalin m.ii 2 (H) was administered. Within a few minutes the respirations and color improved to a noticeable degree. She took eight ounces of formula with evident hunger and then entered a normal sleep. During her feeding, however, there were frequent interruptions due to mucus and coughing. She became cyanosed and had to be returned to the oxygen tent. After the spasm passed, the feeding was resumed eagerly.

Orders had been left for the administration of penicillin, 25,000 units q. 3 h., and elixir sulfadiazine. Again a chest x-ray, a complete blood count as well as a sputum specimen were ordered.

The following day there was a continued improvement in color though a finely diffused rash could be observed on her forehead. The rectal temperature was 98.8°, pulse 100, and respiration 54. The formula was strengthened by the addition of Infantol, dr.1. By February 14 the baby became quite listless, though she took nourishment with continued eagerness. The cough, though still persisting, did not seem to interfere with feeding to any extent. Oxygen was administered from time to time as occasion demanded. Vera voided in sufficient quantities and had three or four soft, yellow evacuations daily. On February 19 the infant's pallor again increased, perspiration became more profuse, and the rash increased. Penicillin was increased to 50,000 units q. 3 h. but the sulfadiazine was discontinued. To alleviate the troublesome wheezing, aminophylline, gr. 3 in 10 cc. tap water, was given rectally three times daily. By the night of February 20 the wheezing had subsided somewhat and she appeared to be resting more easily, though her rectal temperature was 101.4°.

As a general tonic, iron and ammonium citrate solution, gtt. 1 gr., was administered three times daily, commencing on February 21. The following day ephedrine, gr. 1/8 q. 4 h., was ordered to alleviate the persistent wheezing. Vera's condition remained unchanged until February 25 when, in spite of a copious bowel movement, normal in appearance, the

abdomen became distended and very hard. She cried fretfully for long periods. There was a slight decline in temperature and, though irritable, she continued to take her feedings with eagerness. These included pureed fruits and vegetables.

On February 26 the right eye became puffy and the rash showed a marked irritability. Through the next few days the stools remained normal. However, on March 1 they changed to a yellow-green color and in the evening changed again to a brownish color. There had been four stools of the former and one of the latter during the 24-hour period, all of them copious.

In spite of frequent applications of calamine lotion, the rash persisted. Ephedrine, gr. ½, was given q. 4 h. during the day and once during the night. On the afternoon of March 2 Vera had two emesis of white mucoid material, approximately two ounces each time. Her appetite was only fair; she was apathetic and listless. In spite of the large stools, her abdomen continued distended and there was considerable expulsion of flatus. At this stage, while taking her formula fairly well, there was some regurgitation, the rash had not improved, and there was considerable mucus present. On March 3, penicillin therapy was stopped.

By March 6 the baby's listlessness had increased so that she slept for long periods and took only a small amount of formula as nourishment. The following day there was a large sour emesis after each feeding. Cyanosis was marked and oxygen was administered every four hours. The formula was changed to full strength milk without sugar and Infantol increased to 2 teaspoonfuls daily. The next day, as there was no improvement, the Infantol was discontinued and ascorbic acid, mg. 50 with desynon gtt. 10, was given with the formula.

Coramine was given in an effort to revive Vera's flagging energy. She became somewhat brighter and took a small amount of nourishment.

The condition continued unchanged for a week, then for the next three days she became progressively listless, drowsy, and unresponsive to food or stimuli. Elixir phenobarbital, gr. 1/12, was given for long periods of crying.

Interstitial administration of 5% glucose in normal saline was given in 100 cc. quantities twice daily. On March 19 a nasal catheter had to be resorted to for oxygen administration. Mucous increased, the face became quite swollen, the abdomen appeared hard and distended, and the baby expelled a moderate amount of flatus. Coramine was administered without apparent effect. During the night of March 19 she became quite thirsty taking nine ounces of formula avidly. She also had four large greasy stools and, upon voiding, it was noted that the urine was extremely concentrated. Respirations ranged 48-54. Towards morning, Cheyne-Stokes respiration was noted, the pulse became very rapid and weak. Death came quietly to the baby midmorning March 20. Just prior to expiration, there was a large foul-smelling brown stool.

Conclusion

A study of the material submitted above will clearly indicate that the early diagnosis of bronchial pneumonia was supported throughout. The autopsy revealed a translucent condition of the small intestine and other evidence of cystic fibrosis of the pancreas. The secondary condition of bronchial pneumonia was apparently occasioned by a vitamin A deficiency, characteristic of this pancreatic abnormality according to Holt. All the other symptoms appearing in this case history are reflected in the observations made in Holt's "Diseases of Infancy and Childhood." The secondary complications had so masked the cause that accurate diagnosis of the latter could not be determined until post-mortem examination. Holt wrote:

> A probable diagnosis of pancreatic disease may be based on: early onset, failure to gain on an adequate diet, hunger, large foul stools, and tendency to chronic respiratory infection.
>
> In cystic fibrosis the respiratory symptoms are often more conspicuous in early infancy and steatorrhea may not be obvious.

The parents informed hospital authorities that they had lost two other children in their early childhood—one at about the same age as Vera and another a few months older.

The Hard-of-Hearing Child

LILY C. MACKIE, B.A

Average reading time — 10 min. 24 sec.

THE INABILITY to hear well places a child at a tremendous disadvantage, in both educational and social situations. The blind and the crippled are easily noticed in a group with the result that the behavior of other people toward them takes account of their deficiency. The deaf person finds himself in a difficult situation because other people are not aware of his handicap. He appears stupid and he feels inferior. His embarrassment results in withdrawal and loneliness. His inability to hear language means a restriction when he tries to engage in the transmission of his thoughts with his associates. This limits his opportunities to learn, often resulting in serious school retardation. Auditory defects in children may influence their behavior in a number of ways and, in a specific problem, such a defect may be of the greatest etiological importance.

The most serious problem of the hard-of-hearing is their social isolation. In order to erase this handicap, educational systems have set up special schools for the deaf and special classes for the hard-of-hearing in the regular schools. The main function of these institutions is to help the children to make adequate social adjustments This is being accomplished by individual instruction—with hearing aids if necessary; by teaching oralism or speech-reading, and by emphasizing the development of the total personality of the child.

CAUSES OF DEAFNESS

Of particular importance to nurses is the fact that most loss of hearing is preventable. Some cases of deafness are believed to be inherited. However, many cases of congenital deafness are now considered to have been caused by trauma or disease of the mother while the child was *in utero*. The majority of acquired cases of deafness are due to diseases which could have been prevented by immunization, good nutrition, or by keeping a high degree of resistance to disease through good hygienic measures. The following diseases are the most common causes of acquired loss of hearing: meningitis, scarlet fever, measles, influenza, pneumonia, whooping cough, poliomyelitis, otitis media, mastoiditis, syphilis, typhoid, diphtheria, mumps, chickenpox, encephalitis, rickets, and tuberculosis. In addition to these diseases are other conditions which may result in a hearing loss: foreign bodies in the ear, impacted wax, unhygienic practices of plugging the auditory meatus, fright, and mental illnesses.

SYMPTOMS OF LOSS OF HEARING

The school teacher and nurse are often the first to realize that the child may have impaired hearing. Signs which may be noticed or reported are: discharging ears, earache, noises in the head, frequent requests to have statements repeated, turning one ear in the direction of the speaker, unusual mistakes in diction and in spelling, peculiar voice qualities, bewildered or baffled facial expressions, difficulty in gaining and holding attention on verbal directions, and certain personality defects in the nature of shyness, aloofness, loneliness, or seeming mental retardation.

AUDITORY ACUITY

Auditory acuity is measured in "sensation units" or "decibels." This is a comparative measurement, based on normal hearing. A hearing loss of 25 decibels in the speech range is now recognized as being a sufficient handicap to need special educational facili-

---

During her final year's work in the School of Nursing at the University of Western Ontario, London, Miss Mackie saw the work being carried on at this public school.

ties. In Ontario, children with a hearing loss of 25 decibels are given training in speech-reading. Those admitted to the special classes for the hard-of-hearing usually have a loss of 35 decibels in the speech range in both ears. The number of children having such a loss is approximately 2 per cent. In addition to the hearing loss, educational and emotional factors are considered when selecting pupils for special instruction. Total deafness is extremely rare. Those children who have not been able to acquire speech or those whose loss is so great that they cannot hear over group hearing aids are referred to special boarding schools for the deaf.

Tests Used for Auditory Acuity

The three common tests are: the "whisper" test, the "watch" test, and the audiometer test. The whisper test lacks precision because of the difficulty of producing the same tone intensity from time to time. However, it does pick up high frequency hearing losses. The child being given the test must not be allowed to see the examiner's lips. The examiner, standing about 20 feet from the child, pronounces numbers; he gradually approaches the child up to the point where the child can repeat the numbers. In the watch test, the child is first allowed to hear the tick of the watch in order to become familiar with it. It is then moved slowly away from him to the point where he can no longer hear it.

The most accurate means of testing hearing ability is by the use of the audiometer—an electrical instrument which produces the various pitches at various intensities. The audiometer should be used by the school nurse on all children with speech or hearing defects. Many children who are not deaf to sound are deaf to the pitches used in ordinary conversation. It has been found that succeeding tests rarely show any improvement in hearing ability for pure sounds as tested on the audiometer but the hearing ability for language and speech does improve considerably as the child learns to understand language through specialized training.

The Oral Classroom

The special classroom at Lord Roberts School, London, is equipped with two microphones and group hearing aids. The latter can be plugged in at various points around the room. The microphone is so sensitive that the teacher can be heard when speaking from any part of the room. The ceiling and walls are soundproofed to absorb distracting noises. The room is also equipped with a projector and screen so that the children may enjoy films with sound at an intensity at which they can hear it. There is also a radio-record player which many of the children can listen to even without their hearing aids. At the rear of the room is a sound-proof chamber closed in with glass on three sides. From this, the teacher conducts speech-reading practice, the children observing her from the front and the sides.

Communication

The three major problems in communication are cared for in speech-reading, auditory training, and speech training. Success in these has been so great at Lord Roberts School that the children are able, at the completion of their elementary education, to continue in regular high school classes. It also means that they can engage in conversations with those with normal hearing without any indication of their handicap—except in darkness. Signing is absolutely prohibited at the school. It tends to set the hard-of-hearing child apart from the normal, intensifying his social isolation. Being easier to learn than speech-reading, a child who has once learned to sign finds speech-reading objectionable.

Personality Development

The presence of any physical defect inevitably has an influence on personality. The teacher of this particular class has recognized this and much of her work is directed toward personality development. To nurture the

growth of healthy attitudes, she has created in her classroom a happy social atmosphere. The visit to her class was like entering into a happy family group. All the children were clean and well mannered; each child greeted us and each remembered to say good-bye. They showed no evidence of any personality handicap. A teacher who can create such a happy learning situation is of prime importance in dealing with handicapped children.

Conclusion

There are three areas in which the public health nurse can have a great influence in this field: the prevention of loss of hearing through a positive health program; the finding of children who have a loss of hearing and making sure they are getting the proper care and training; and the guidance of parents of such handicapped children towards the best means of helping the children to become well adjusted socially.

References

1. Best, Harry. Deafness and the Deaf in the U.S. The Macmillan Co. of Canada Ltd., Toronto. 1943.

2. Brunschwig, Lily. A Study of Some Personality Aspects of Deaf Children. Teachers College Contrib. Educ. No. 687. 1936.

3. Fletcher, Harvey. Some New Methods and Apparatus for Testing the Acuity of Hearing. *Laryngoscope*, 35: 501-24. 1945.

4. Fowler, Edmund P. Progressive Deafness: Means Now Available for Prevention and Cure. *Volta Rev.*, 30: 650-63. 1938.

5. Gesell, A. and Ilg, F. Infant and Child in the Culture of Today. Harper, London. 1943. Handicapped Children in School and Court. Harper, London. 1945.

6. Kirk, S. A. Behavior Problem Tendencies in Deaf and Hard-of-Hearing Children. *Amer. Ann. Deaf.*, 83: 131-7. 1938.

7. Louttit, C. M. Clinical Psychology, XIV. Harper, New York. 1947.

8. McLeod, B. Teacher's Problems: Deaf and Hard-of-Hearing Children. U.S. Off. Educ. Pamphlet No. 54. 1934.

9. Nyswander, D. B. Solving School Health Problems. Oxford, New York. 1942.

10. Pintner, R. The Psychology of the Physically Handicapped. Crofts, New York. 1941. The Intelligence of the Hard-of-Hearing School Child. *Journal of Genetic Psychology*, 53: 31-48. 1939. A Measurement of the Language Ability of Deaf Children. *Psychology Review*, 23: 413-36.

11. Smaltz, W. M. On Being Deaf. *Amer. Mercury*, 23: 161-9. 1931.

12. Spock, Benjamin. Baby and Child Care. Pocket Books of Canada Ltd., Montreal. 1946.

13. Springer, N. N. A Comparative Study of the Behavior Traits of Deaf and Hearing Children. *Journal of Educ. Psych.*, 29: 459-66. 1938.

14. Yapp, Burbury and Balint. Child Guidance. The Macmillan Co. of Canada Ltd., Toronto. 1945.

Nursing Sisters' Association

The *Saint John (N.B.) Unit* held their annual Remembrance Day dinner at the Royal Hotel when 30 members attended. Major Sarah Miles, president, was in the chair. Bridge was later enjoyed.

The Clinic Shoemakers, 1221 Locust St., St. Louis 3, Mo., manufacturers of the well-known Clinic Shoe "for women in white," are offering to send with their compliments a pair of white shoe laces, together with an illustrated leaflet of 23 Clinic styles. In writing them, please mention *The Canadian Nurse*.

Treatment of Mental Disorders

Under the Mental Health Grant provision was made to extend facilities for the treatment of mental disorders. This included preventive action in the community itself. Programs of mental hygiene and instruction are now doing much to prevent mental illness and the work of the guidance clinics in this respect was most important.

With the assistance of this grant, 30 mental health and guidance clinics have been established and are being maintained across Canada. —*Annual Report, Department of National Health and Welfare.*

Lyle Creelman *Writes . . .*

Average reading time — 6 min. 24 sec.

THREE NURSES have arrived recently to join WHO's expanding nursing staff—we now number 35. They are assigned to three quite different projects, although basically all are related to the training of local personnel.

Miss Justine Delmotte is from Montreal and is joining a Demonstration Team for the control of yaws in Thailand. One million of a total population of approximately 18,000,000 in that country are afflicted with this disease. Penicillin is the modern method of treatment; prevention and control is another question and is largely a matter of improved sanitation and health education. Miss Delmotte will be stationed near Bangkok and we are eagerly awaiting her reports to learn how she will tackle the nursing aspects of this problem. I am quite sure that it will take the form of working with whatever local health personnel there are and developing the public health aspects. In the same way, in Chiengmai Province in the north of Thailand, the public health nurse assigned to the Malaria Demonstration Team has extended her field and, with the cooperation of the Thai officials, is organizing a rural public health nursing service.

In Geneva, at the same time, was Miss Olorenshaw from London. She, along with Dr. Lehmus from Finland, was looking forward to her work as a public health nurse-midwife in Kabul, Afghanistan. The problems they are facing in the development of a maternal and child health program in that country are tremendous. Afghanistan has 12,000,000 people but there are only 100 doctors, no nurses, and only five trained midwives. The great majority of women in Afghanistan are still in *purdah*. Only 10 per cent of the boys go to school and one of every 200 girls attends school for two or three years. In Kabul itself one-half of the population has malaria and in the lower classes in school 30 per cent of the children have trachoma. The schools are closed for three months in the winter because

Primitive living conditions in Afghanistan

they have no windows and no heating. These bits of information were passed on by Prof. Krayberg, a Norwegian doctor, who has been on a WHO assignment in Afghanistan for the past three months surveying medical education. He told us that no Afghan medical student ever owned a medical textbook. There has been a school of nursing for about two years—the students are very young, having entered at 14 to 15 years of age. They represent, however, a rebellion on the part of women against their conditions and show an interest in becoming better educated and in making a contribution in service to their people. Miss Olorenshaw will have the task of helping to develop this spirit and investigating the possibilities of establishing a training centre. No doubt she will be recommending additional personnel—want to join the project? By the way, to reach Kabul one must fly from Delhi to Peshwar in Pakistan and thence by jeep over the Khyber Pass to Kabul. Since partition the railroads to both Kabul and Delhi have been impassable.

Miss Hudson, the latest arrival, is also from Montreal, although she claims Vankleek Hill, Ontario, as her home. She has been on the staff of WHO since November and for the past seven weeks has been observing tuberculosis programs in England and Sweden. She was very thrilled with all she saw. Hospitals in Sweden are "the last word" and she feels that nurses there have a better social position than in Canada.

Miss Hudson is going to Delhi to join a Tuberculosis Demonstration Team. Their responsibility will be to organize and demonstrate a clinic service for TB patients who are not admitted to hospital. The vast majority are not hospitalized due to lack of beds and personnel. Miss Hudson, with the assistance of a "matching team" nurse, will organize the nursing service in the clinic and also help to develop a follow-up and case-finding program. We hope this can be done through existing community workers and that it will not be necessary to train specialized personnel for home visiting, thus avoiding the errors of specialization in health services which

Riding on an elephant carrying colorful BCG posters and headed by a police band and a long procession of motor cars, the Scandinavian ITC team in Indore, Central India, bids farewell to the city after having completed a successful campaign.

so many of us in the western countries have made. WHO also provides BCG teams. Perhaps Miss Hudson will develop new case-finding methods and ride through the streets on an elephant, as the BCG nurse in the picture is doing.

* * *

The Genevoise are past masters at finding an excuse for celebration. This month, on December 10 and 11, there were parades and concerts, for on the night of December 11 in 1602, La Mère Royaume, or as she is sometimes called "Dame Royaume," from her window poured a marmite (pot) of boiling soup on a soldier of the Duke of Savoy who, with his army, was attacking Geneva. This act was apparently the turning point in the battle and the city was saved. If you want to see the site of the "battle" you go through a narrow street to a most attractive restaurant called "La Mère Royaume." I would recommend it as worth finding if you come to Geneva. Every year at this time the many patisserie shops are filled with chocolate marmites, big ones and little ones, which in turn are filled with delicious candies—truly an appetizing way to recall the defeat of a duke!

Margaret Arnstein, chief of the Division of Nursing Resources of the USPHS, is with us for six weeks as a short-term consultant, preparing some interesting material about which you may hear later. Last week-end she and I went to Gstaad in the Bernese Oberland.

Gstaad is an attractive little Swiss town which is fast becoming a summer as well as a winter resort. Many "foreigners" rent chalets for the season and one finds English a common language in the hotels and shops. We walked to the picturesque little village of Saanen where we discovered some Swiss handicrafts and, of course, spent nearly all our money. In Saanen, too, there is a famous bell-maker. In Gstaad there are ski-lifts, funiculars, and *télé-sièges* to go up almost any mountain you wish to select. Climbing is made easy here in Switzerland. I went on the Wassengrat *télé-siège*, which is a sort of glorified ski-lift, each "lift" consisting of two seats suspended from a cable. You start at about 4,000 feet and go up to about 6,800 feet. My seat-mate could speak no more French than I could German but I did understand when he told me the names of the high mountain peaks which extended all around in a beautiful white panorama. At the top, the skiers gather at the "Berzhaus Wassengrat" for coffee before making the long descent.

It is a small world after all—sitting next to us for dinner were three lads from Montreal, apparently very enthusiastic skiers. They had travelled far from their own Laurentians.

Nutrition Highlights

Recent surveys in Canada have presented the following information on our nutritional habits:

1. If people use milk, they tend to use it more than once a day. The survey revealed that 30-40% used little or no milk.

2. Citrus fruits or tomatoes are used regularly in only about one-half the homes.

3. Other fruits, such as apples, bananas, peaches, etc., are used quite generally but are neglected by about one-third of our people.

4. Potatoes are eaten once a day by practically all Canadians—twice a day by many families.

5. Other vegetables are not very well used. At least half the people do not have two vegetables other than potatoes daily.

6. Whole-grain breakfast cereal is common in half the homes. Many of the rest use instead the less nutritious corn products and puffed cereals.

7. Bread averages 2-3 slices per person per day—white being used much more frequently than whole-wheat.

8. Meat, fish, and eggs are included almost invariably once or twice a day.

9. Desserts, cakes or cookies are not neglected either. Some people serve them at two meals. —*Journal of Canadian Dietetic Association.*

Institutional Nursing

Twofold Purpose

GLADYS J. SHARPE

Average reading time — 6 min. 48 sec.

ON THE PREMISE that the traditional pattern of nursing education cannot provide an adequate supply of nursing service, and encouraged by the results of the demonstration school in Windsor, the governing body of the Toronto Western Hospital has authorized its school of nursing to undertake another type of experiment. Our task is to determine whether, given full control of the students' time, a hospital school can achieve the twofold purpose of increasing the number of nurses without adversely affecting the quality of nursing.

Obviously any institution which claims to prepare professional workers must supply the *organization*, the *resources*, and the *facilities* necessary to establish its work on a professional basis, so each of these essentials was evaluated in turn.

The *organization* of the department of nursing of the hospital which I represent is such as to provide for its two aims: namely, nursing education and nursing service—the one student centred, the other patient centred.

Our *resources* relative to medicine, surgery, and obstetrics, both as in-service and out-patient departments, are adequate in every respect and, as they provide a clinical field for the Faculty of Medicine of the University of Toronto, the clinicians have special qualifications for teaching and research and their services are available to the school of nursing.

It was recognized that any anticipated increase in enrolment of students would necessitate additional instructional staff and classroom facilities and here we were faced by the need for financial assistance.

Every educational institution requires a source of income and those anticipated for a school of nursing are common to other educational institutions: taxation, endowment, continuing gifts or grants, and student fees. However, like most hospital schools, we did not know the cost of nursing education and, without such knowledge, had no basis for requesting assistance from any one of these sources. Therefore our first step was to *implement a cost analysis of nursing education*. This comprehensive study was made by Mr. Robert Ferguson, a graduate of the hospital administration course at the University of Toronto. It revealed that, whereas the cost of educating and maintaining each student approximates $1,050 per year, her return in terms of nursing service was not in excess of $850 per year—that is, a

John Palmer, Toronto

GLADYS J. SHARPE

Miss Sharpe is director of nursing at Toronto Western Hospital.

differential of $200 per student per year (this is probably closer to $300 now)—surely a justification for requesting financial assistance!

The next step was to study the current curriculum to learn the ratio of organized instruction to clinical experience. Our program was typical of other situations wherein the clinical experience is geared to the service needs of the hospital rather than to the educational needs of the student. The preponderance of organized instruction was given during the first 20 weeks of the course with a rapid diminution after that until, at the end of the first year, the ratio of instruction to clinical experience had shrunk to 1:10. Comparing the program of the average university freshman, whose time-table consists of 16 hours of lecture and laboratory work per week, with that of the student of the same age in the hospital school of nursing, who is expected to assume a program of 20-24 hours of didactic work in addition to 18-24 hours of nursing care, we concluded that the apprenticeship methods of an earlier era, which have been discarded by medicine and more recently by law as uneconomical and obsolete, still manage to survive in nursing.

In planning for a curriculum in which the emphasis would be on education for service, rather than the apprenticeship aim of service for education, it was found possible, by spacing the required instruction more equitably over a 24-month period and by paralleling all clinical experience with the related instruction, to achieve a curriculum which would compare more favorably with those of other educational institutions. In so doing, however, two factors were recognized:

1. By giving all organized instruction in two instead of three years, fewer student hours would be available for nursing care.

2. As a serious weakness in nursing education and nursing service has been the perpetration of a system whereby nurses carry the duties of housekeeper, messenger, and clerk, a certain number of student hours of service would have to be replaced by a like number of service hours from other personnel.

Again, the cost study analysis was found invaluable as a basis for planning the necessary adjustments and in substantiating our request for financial assistance.

Our modified three-year program, which has been approved by the Nurse Registration Branch of the Ontario Department of Health, provides for all essential instruction and experience in the first 24 months, the final 12 months being considered as an internship on a salary basis. In brief, our course is as follows:

The entrance requirements of age, health, etc., conform to those established by the Department of Health. The educational requirements are somewhat higher, with Grade XIII—i.e., Secondary School, Honor Graduation Diploma—as a requisite. Personal interviews are required of students who reside within a 100-mile radius of Toronto. A tuition fee of $50 is required for each of the first two years.

During the first 16 weeks of the course, the aim is to assist the student to develop a concept of health and elementary nursing principles. Emphasis is placed upon the adjustment of the individual student to nursing. During this period formal instruction occupies 4½ hours, study 1½ hours, and guided practice 1½ hours. Then follows an 8-week period in which the student is introduced to medical science with the daily formal instruction decreased to 2½ hours, the guided practice increased to 4½, with 1 hour allotted to study.

The succeeding 80 weeks constitute the clinical part of the program wherein related instruction parallels guided clinical experience in the care of the infant, the child, and the adult, with reference to those patients whose condition requires special consideration, whether in medicine, surgery, obstetrics, psychiatry, or tuberculosis.

During the clinical period, organized instruction averages 1 hour daily, study 1 hour, and guided practice 6 hours.

Four weeks of vacation in each year.

With all organized instruction and essential experience given in the first 24 months, the primary purpose of the

final 12 months is to provide nursing service and, at the same time, to extend the educational experience of the student. The program offered is influenced by two factors: (1) the facilities available and (2) the nursing needs of the different services.

Since, like most schools of nursing, our facilities include a preponderance of surgical patients, it is in such units that the nurse interne will be needed, especially since the essential time in these basic clinical services has been shortened for the accelerated 24-month program. This fact is the most challenging element in planning for the third year. It implies new responsibilities, not merely a continuation of the basic assignment, and offers the opportunity to induct the student into general staff nursing. In this period, which will include one month in a hospital in a rural area and two months in an elective service, we plan to provide for increased responsibilities and for a form of instruction which will include individual conferences, directed reading, and the opportunity to participate in the in-service staff education program.

We regard the advantages of the modified course as follows:

1. It will be more attractive to the student who is interested in nursing.
2. Its educational values are greater.
3. Economy will be effected with a stabilization of the nursing staff.
4. The final and the most important reason for any change in the nature of nursing education will be an improvement in patient care.

In conclusion, we are convinced that by this realistic and optimistic approach to the problem of nursing shortage, our twofold aim will be achieved and that September of 1952 will see us with an increased nursing force of well prepared young women.

Industrial Nurses in Quebec

A bilingual division of industrial nurses to function as a sub-group of the Committee on Public Health Nursing has been formed under the egis of the Association of Nurses of the Province of Quebec. At their organization meeting the results of the written ballot sent to every known industrial nurse were announced. Miss Margaret Wheeler of Electrolux (Canada) Ltd. is chairman of the group with Miss Jeanne Favreau, Quebec Hydro, as vice-chairman. Miss Joan M. Whelan of the Shell Oil Co. of Canada Ltd. combines the duties of secretary-treasurer while Miss Germaine Bernadine of Imperial Oil Ltd. is program convener.

The aim of the new division is to organize all industrial nurses in Quebec; to encourage all industrial nurses to be members of the Association of Nurses of the Province of Quebec in good standing; to promote the professional advancement of industrial nurses and create a means whereby the special problems of the industrial nurse may be discussed.

Other aims are to organize groups of industrial nurses within the various districts of the province and to have representation in the Public Health Interest Group.

The success of the industrial nursing conference at McGill in May, 1950, made the industrial nurses even more conscious of the need for organization if they were to meet adequately the responsibilities of this rapidly developing branch of nursing.

MARGARET WHEELER

Public Health Nursing

Public Health Practice in Canada

HELEN M. CARPENTER

Average reading time — 5 min. 36 sec.

PUBLIC HEALTH NURSES in Canada will be gratified to learn that the report of the Study Committee on Public Health Practice in Canada, a project of the Canadian Public Health Association, is being distributed through the provincial departments of health and the Canadian Public Health Association. The purpose of the committee was "to study and evaluate public health practice as carried out in Canada, to analyze those factors which relate to policy and procedure and, when indicated, to suggest remedial measure." The need for the study was recognized by many interested in the development of health services. Rapid expansion of public health programs, accompanied by marked shortages of doctors and nurses to man the services, brought into focus the need to analyze and assess the work already in progress. Upon the recommendation of the C.P.H.A., a study committee was organized in the fall of 1947 and funds were secured from the Kellogg Foundation. The committee was fortunate in securing, as field workers, Dr. J. H. Baillie, executive secretary to the C.P.H.A., and Miss Lyle Creelman, former director of nursing, Metropolitan Health Committee, Vancouver. These experienced professional workers gave themselves unstintingly to an extensive study of public health services across Canada. Urban and rural areas were visited in each province except Newfoundland. A mass of information was collected, studied, and compiled into a very readable 78-page report. Discerning comments by the field workers, followed by specific recommendations, add significance to the findings.

Miss Carpenter is on the faculty of the School of Nursing, University of Toronto. She is chairman of the Public Health Nursing Committee, C.N.A.

HELEN M. CARPENTER

The introduction to the report gives the reader background information concerning the organization of the study committee, the objectives, and method of study. This is followed by a section dealing with public health administration in Canada, highlighting the policies of provincial departments of health that have influenced the development of local health services. Following this section are chapters pertaining to personnel and personnel policies, recording, and the health services that are the traditional responsibility of the official health agency. These include school health services, maternal and child hygiene, communicable disease control, mental hygiene, environmental sanitation, and housing.

It is gratifying to note the team-

work of Dr. Baillie and Miss Creelman, both in their study of these services and in the compilation of the report. Each chapter reviews the contribution of the physician and nurse in the service under consideration and includes comments and recommendations that serve to summarize the observations and coordinate both medical and nursing aspects. Vital questions are raised and controversial issues brought forward. Concerning maternal health services, for example, we are asked to reply to the following key questions: "Are public health nurses themselves convinced of the importance of nursing supervision during the prenatal period? Have public health agencies convinced the doctors, starting with the medical officer of health, that the nurse has a service to offer which will not replace, but rather supplement, the advice the doctors give to the expectant mother?" One of the recommendations that concludes this section is: "The health agency should extend its prenatal nursing programs both to group teaching and to prenatal home visiting. This can be accomplished only if the medical officer of health obtains the cooperation of the local practitioners."

Following the chapters on health services are two sections that are the primary concern of the public health nurses. These are "An Activity Analysis of Public Health Nursing" and "The Preparation of the Public Health Nurse." Both are of significance. Tucked into a paragraph on page 51 is a statement and a challenge to nurses employed in health services in the community. We are asked to undertake a comprehensive job analysis to determine:

1. Those activities which are essential.
2. Which of the essential activities are functions of public health nurses?
3. Which of the essential activities should be performed by: (a) another professional worker; (b) a non-professional ; assistant.
4. Activities which could be eliminated.

This might well constitute the marching orders of the profession. In the chapter on the preparation of the nurse, attention is drawn to certain progressive steps that have already been taken by the nursing leaders and educators to improve nursing education. Studies and research in this important area are reviewed and some of the problems inherent in the preparation of personnel for such broad fields of service are presented. It is recommended that "a study be made of the methods of preparing nurses so that they may be more fully qualified to contribute to the community's health services." This matter is referred specifically to the Educational Policy Committee of the Canadian Nurses' Association and to the Council of University Schools and Departments of Nursing. It is hoped both these suggestions—namely, that we undertake job analyses of the work we are doing and that we evaluate methods of preparing nurses—will be studied and acted upon.

As public health nursing has developed so extensively beyond the precincts of the official health agency, the committee decided to include in the report data concerning nursing in related agencies and services. This aspect of the study appeared to merit individual treatment and is contained in the appendix of the report. Here the reader will find several special sections, such as the public health nurse in the hospital, the nurse in industry, and visiting nursing.

The Study Committee feels that much has been accomplished in securing this analysis of public health practice in Canada. The study constitutes an initial effort toward the evaluation. It points up many aspects in which health services require development and refinement and many that need further study and debate. For instance, are we to accept, *in toto*, such a recommendation as one of those pertaining to school health work?

> It would seem that there are good reasons why a public health agency should undertake to determine, through a medical examination, the health defects of the children of the community when

they become members of the school population. From then on they should be examined medically only when referred by the teacher to the nurse, and from the nurse to the physician.

The earnest consideration of all professional personnel experienced in public health work is required to justify the work commenced in this study. The impetus this report gives to the extension and improvement of health services and to the clarification of policies and procedures rests with the profession. It is hoped there will be constructive criticism and action on the local and provincial levels to implement the recommendations where feasible and to undertake further study and research. It is re-emphasized that this report marks a beginning only and does not constitute an end in itself.

Copies of the *Report* may be secured from your provincial department of health or the *Canadian Public Health Association, 150 College St., Toronto 5, Ont.* There is no charge for the report at present.

Health conditions in Canada in 1950 were better than ever, according to Dr. Louis I. Dublin, second vice-president and statistician of the Metropolitan Life Insurance Company. The death rate declined to the lowest level in Canada's history and new low marks were established for a number of important diseases.

"The death rate in the general population of Canada in 1950 is estimated at 9.1 per 1,000 or about 1 per cent below the previous low in 1949," Dr. Dublin reported. "This is indicated by official records for a part of the year and by the virtually complete mortality record for the year among policy-holders of the company in Canada, who constitute a large cross-section of the total population.

"Among the diseases going to new minima in 1950 were tuberculosis, pneumonia and influenza, communicable diseases of childhood, and appendicitis. In addition, both maternal and infant mortality rates were lower than ever before.

"Particularly noteworthy is the record for tuberculosis, the mortality from which among the insured declined about 6 per cent in 1950 on top of the very substantial reduction in the previous year. The 1950 death rate from the disease is barely half of what it was only 10 years ago. The record for respiratory diseases was also exceptionally good. The death rate from pneumonia and influenza, among the company's policyholders, was about one-third less than in 1949 which itself had established a new low. The reduction in the death rate from appendicitis was equally large. In the last five years alone the death rate from this condition among company policy-holders in Canada has been cut by more than 60 per cent.

"The improvement in maternal and infant mortality is especially satisfactory because the Canadian birth-rate remained close to the record levels of recent years. The downward trend in infant mortality during the past decade has meant the aggregate saving of tens of thousands of infant lives among Canadian babies born during this period.

"Mortality from chronic diseases of the heart, kidneys, and arteries were up very slightly last year but when allowance is made for the increased proportion of older persons in the population this increase is wiped out," Dr. Dublin noted. "The death rates from cancer and diabetes rose but in like manner reflect in part the higher number of older persons in the population.

"In the aggregate the mortality from accidents among Metropolitan policy-holders was virtually unchanged from 1949. There was, however, a sharp increase in motor vehicle accident fatalities. In fact, the motor vehicle accident rate among the insured in 1950 was the highest in many years and indicates the necessity for renewed efforts in this field. Occupational deaths in 1950 also showed an increase over the preceding year but the decline in other public accidents and in home accidents was sufficiently large to offset the increases in motor vehicle and occupational accidents.

"The excellent health conditions prevailing in Canada in 1950 reflect the truly extraordinary advances in medicine and public health in recent decades as well as the good economic conditions of the past few years. There is every good reason to expect continued improvement in Canada's health in 1951."

—*M.L.I.C. Information Service*

Aux Infirmières Canadiennes-Françaises

Les Problèmes Administratifs du Nursing en Santé Publique

GABRIELLE D. CÔTÉ

AUJOURD'HUI PLUS que jamais dans l'histoire du monde nous traversons une période de rapide évolution universelle où le nursing, en accord et peut-être plus que les autres forces sociales agissantes, affirme de sa prise de conscience. Refuser de reconnaître cette affirmation et de se rendre à l'évidence de cette prise de conscience serait manquer gravement au grand principe fondamental de la structure sociale qui est d'utiliser à son service, pour son avantage, les forces vives qui, pour mieux servir, ne réclament que la place qui leur revient à la face du monde. Le nursing surtout, depuis le commencement de la dernière guerre mondiale, a atteint une importance considérablement accrue. Le nursing a pour but ultime le service de l'humanité tout entière sans distinction de race, de couleur, de sexe, de credo spirituel et politique, de rang social et économique. En définitive, le nursing dans son action dépasse les étroites frontières des nationalités et des contrées; il a donc un attrait et une valeur universelle, parce qu'à toutes les phases de la vie humaine, chaque personne a besoin de lui.

Ainsi quand nous examinons l'administration du nursing en santé publique, que ce soit sur le plan international, national, ou local, et qu'un rapprochement est fait entre l'organisation du nursing aux pays étrangers les plus avancés, notamment les Etats-Unis et le Canada, ce rapprochement nous fait mesurer la grande distance qui nous sépare dans l'entière liberté d'action, tant admirée par nous, chez vos voisins. Aucune profession ne saurait se passer d'une autonomie spéciale et le nursing pour mieux s'affermir et s'affirmer, pour faire face plus dextrement à ses problèmes, ne peut passer outre à cette première nécessité. Une autonomie absolue, qui bouleverserait trop d'habitudes depuis trop longtemps établies, ne serait peut-être pas désirable maintenant mais au moins une autonomie relative suffisante qui permettrait, qui faciliterait cette souplesse indispensable au maniement de forces en action.

Si cette autonomie est reconnue comme nécessaire en principe, néanmoins certaines de nos provinces, surtout celles de l'est du pays, et la majorité de nos centres urbains font sourde oreille et ferment les yeux quand il s'agit d'une organisation autonomique du nursing. Le "Rapport du Comité d'Etude sur la Pratique de la Santé Publique au Canada," publié en juin, 1950, présente une vue générale fortement documentée. Il est naturel de constater que certains item de ce rapport, entre d'autres item tout aussi importants, attirent davantage notre attention. D'abord, il expose qu'une politique nationale uniforme est encore à formuler. Par suite de cette absence de politique nationale définie, il résulte que les directives provinciales, formulées pour répondre à des besoins régionaux, présentent à travers le pays des variances frappantes. Une politique se développe par l'expérience née d'alternatives de succès et d'échecs. Elle peut aussi être influencée par la tradition et la routine,

Mlle Côté est infirmière surveillante au Service de Santé, Montréal.

par une certaine philosophie de laisser-faire, ou parfois par un simple manque de courage. Dans ce rapport, il est singulier de remarquer le degré avancé du progrès accompli par les soi-disant jeunes provinces de l'ouest du pays, d'y voir le nursing définir hardiment sa valeur et l'envergure de sa participation au programme de santé de ces provinces.

La montée vers une telle avance administrative est longue et semée d'embûches. Il faut au préalable bien déterminer le but que nous poursuivons, niveler en quelque sorte le terrain où nous sommes arrêtées, au moyen de réformes partielles mais valables et progressives. L'essentiel, d'après nous, consiste à tracer les grandes lignes directrices; à bien définir les relations du nursing avec les autres disciplines aux côtés desquelles le nursing en santé publique trouve son champ d'action; à admettre l'existence de plusieurs types d'habileté professionnelle; à accroître la participation individuelle à la gestion d'intérêts locaux, et à hausser le statut économique du groupe. Ce sont là les points à considération primordiale.

Mettons-nous d'abord en face des relations du nursing. Il existe des groupes professionnels où la machinerie administrative est découpée en territoires délimités, où tout est déchiqueté, compartimenté et particularisé; où l'intérêt et l'expression professionnels sont clairement définis et solidement contenus comme entre des murs solides. Il n'en est pas ainsi du nursing. Il n'en est pas ainsi ni de la médecine, ni du génie sanitaire, ni du travail social, ni de bien d'autres disciplines spécialisées en santé publique qui se coudoient étroitement dans le service d'équipe auprès des populations. Les démarcations de ces disciplines corollaires sont faites de lignes mouvantes. Il arrive très souvent que certains membres de chacune de ces catégories professionnelles, par suite de leur ignorance des limites de leurs attributions techniques, suscitent chez les autres des susceptibilités, des jalousies, et des conflits facilement évitables. Certaines personnes trouvent le temps de faire le travail des autres parce qu'elles n'ont pas l'exacte notion de leur propre travail.

La fonction du nursing en santé publique dans son essence est une fonction d'enseignement et de surveillance: les préceptes de l'hygiène et l'enseignement de sa pratique; l'aspect de la santé positive et les mesures à prendre pour sa conservation; la déviation de la normale, les signes précoces de la maladie, et le moyen de les reconnaître. Voilà nos fonctions, toutes nos fonctions, mais rien de plus. Cette science du nursing, cet art de l'enseignement de l'hygiène ne s'acquièrent que par une préparation spéciale que même une grande habileté naturelle et une longue expérience ne sauraient complètement remplacer. C'est là surtout que l'administration du nursing trouve, de nos jours, l'un de ses problèmes les plus difficiles à résoudre, un personnel suffisant et qualifié étant la grande condition d'une organisation de première valeur.

Ce qui nous amène au deuxième point de notre étude qui est d'admettre l'existence de plusieurs types d'habileté professionnelle. A la lumière des classifications recommandées par le National Organization for Public Health Nursing (américain) qui peut se traduire en ces termes: l'organisation nationale du nursing en santé publique — quatre types d'infirmières sont reconnues à la pratique du nursing en santé publique. Ce sont l'infirmière professionnelle, cette dernière avec ou sans expérience, et l'infirmière hygiéniste, elle aussi, avec ou sans expérience. Au coeur même de ces grades, nous devons admettre les différences individuelles, les degrés variés de l'instruction scolaire, les divergences de la capacité mentale, les aptitudes, les intérêts, les aspirations, les ambitions, somme toutes — les éléments subtils qui font d'une personnalité ce qu'elle est. Il ne revient à personne le droit de juger et d'étiqueter la valeur des individus mais tout en reconnaissant l'imperfection inhérente à tout système d'invention humaine. Certaines tech-

niques d'analyse et d'évaluation apportent tout de même un guide précieux à la gradation nécessaire d'un personnel professionel au travail. N'allons pas nous imaginer que ceux et celles, pour qui la tâche quotidienne demande justement l'application de ces mesures d'évaluation du travail, ne s'exposent pas à l'incompréhension, au mécontentement et à la critique. Penser de la sorte serait conserver trop d'illusions sur la nature humaine.

La critique est nécessaire mais une critique constructive qui ne s'applique pas seulement à détruire pour le plaisir de briser ce qui existe mais une critique qui du même coup forme le creuset d'où sortiront les bases solides de la reconstruction. Et nous voici au seuil du troisième point, ainsi formulé: à accroître la participation individuelle à la gestion des affaires d'intérêt commun. La philosophie du progrès encourage la discussion libre des problèmes généraux et particuliers. La note-clef de cette philosophie est la collaboration. Elle symbolise le fait que la connaissance et la sagesse ne sont pas l'attribut exclusif d'un petit groupe d'êtres prédestinés aux charges supérieures. Cette philosophie a pour principe démocratique, dans la plus riche et la plus profonde signification du mot, le respect de la dignité et de la valeur humaine. C'est surtout dans ce régime de la gestion des intérêts locaux que se manifeste le plus nettement la volonté démocratique, de confier aux intéressés eux-mêmes l'administration de leurs propres intérêts. Une organisation essentiellement décentralisée et dans laquelle on s'efforce de donner à tous le sentiment que leur statut est et ne peut être que le produit de leur propre effort et qu'il appartient à chacun de veiller, par sa représentation élue, à la gestion des affaires consacrées à la réalisation de leurs aspirations. Le rôle des groupements professionnels d'aujourd'hui manque peut-être encore de précision. Comme on ne leur reconnaît relativement peu de droits, on ne peut s'attendre à ce qu'ils s'astreignent à beaucoup d'obligations.

Pour obtenir une juste satisfaction de leur travail, ce que les américains appellent "job satisfaction," les infirmières, comme les membres des autres groupes techniques, demandent aux agences qui les emploient la création d'un programme d'entraînement systématique qui ne laisse aucune activité aux hasards de l'initiative individuelle; un programme d'éducation continue au travail, qui les maintiennent de pair avec les avances nouvelles et les techniques récemment adoptées et relatives aux développements du nursing et des disciplines corollaires; un programme de surveillance qualifiée et suffisante où l'évaluation écrite devient plutôt une auto-analyse sur la route difficile qui mène au rendement optimum. Et, encore, un programme d'assistance cléricale adéquat et la compilation de manuels propres à les guider constamment dans l'exécution de leurs fonctions.

L'énumération de ces programmes peut impunément passer pour un objectif; ces programmes sont plus vraisemblablement des moyens d'atteindre les objectifs du nursing. C'est la mission de l'administration de tendre ses efforts pour rendre possible ces moyens. C'est une entreprise difficile et nécessairement à longue échéance où la contribution de chacune devient indispensable.

Et, finalement, nous arrivons au dernier point, non moins important de nos préoccupations, qui est de hausser le statut économique du groupe. Au Canada, comme dans de nombreux autres pays à travers le monde, la période actuelle a été marquée par un vaste effort pour l'amélioration des circonstances économiques des infirmières qui vivent de leur travail. Elle a provoqué une aspiration générale, organisée à plusieurs endroits, à l'introduction d'un peu plus de justice dans la distribution des revenus, dans la protection et la conservation de la capacité de travail, et dans la garantie du lendemain. Le nursing, peut-être plus qu'aucune autre catégorie professionnelle, a été influencée par les caractères propres à l'évolution du mouvement ouvrier. L'histoire de ce mouve-

ment au cours des dernières années est tout entière dominée par le désir profond des travailleurs salariés de se libérer de la situation de dépendance et de subordination, résultant pour eux de régimes économiques inéquitables. En marge de cet effort le rapport Baillie-Creelman, de juin dernier, écrit que "le salaire initial trop bas accordé au personnel du nursing en santé publique par les agences officielles et bénévoles est non seulement un obstacle au recrutement de personnel qualifié, mais encore que la limite maximum insuffisante et atteinte trop tôt devient aussi un obstacle non moins sérieux à la retention d'infirmières compétentes."

En conclusion il serait très vain de croire que nos problèmes sont relativement faciles à résoudre. Nous ne devons pas commencer comme première entrée en jeu, par rompre toutes nos attaches avec la situation existante et contre laquelle une attaque de front se briserait. Comme s'il était en notre pouvoir de refaire en un jour avec notre art limité, après les avoir échafaudées, les structures de base qu'il a fallu des siècles de service pour mettre debout. Malgré le grand soin avec lequel ce travail peut être conduit et les services qu'il peut rendre et qu'il rendra n'oublions pas de compter avec les difficultés auxquelles une telle entreprise se heurte nécessairement.

Dès lors il devient évident qu'il nous faut procéder par étapes. Mais il est également incontestable que tout en tenant compte des difficultés réelles de nos problèmes nous devons, dès notre première étape, faire un bond considérable vers le but proposé. Pour cette entreprise ardue, nous avons besoin de la sympathie, de l'aide, et de l'assistance des groupes professionnels corollaires.

Finalement, nous devons nous rappeler que rien n'est jamais terminé, que rien ne s'avère irrémédiablement, tant que des personnes libres s'interrogent et agissent ensuite selon les données de leur conscience.

In the Good Old Days

(*The Canadian Nurse, March 1911*)

"The subject of dietetics as part of the curriculum has within recent years demanded recognition as being of primary importance in the equipment of a nurse; for more depends upon the kind, preparation and amount of food given to a patient than upon the kind, amount and preparation of drugs administered. Until a very recent date, in the history of nursing, practically nothing was known of dietetics by the most skilled nurse, aside from the slight knowledge of cooking and serving a few dainty articles of food."

* * *

"The School Nurses of Toronto have considered the question of uniting the Public School Nurses of Canada for mutual help and cooperation, and for this purpose have organized 'The Canadian Public School Nurses' Association.' "

* * *

"The treatment of shock is simple and mostly passive. Be careful to do nothing which can add to the existing shock. In moving a patient be gentle with him. Do not permit a broken bone to gouge into the flesh and nerves and blood vessels needlessly. Give morphine hypodermically to quiet the mental agitation. Give strychnine to revive the heart action. Give hypodermic or intravenous injections of saline solution to fill up the blood vessels."

* * *

"Please tell me the best method of changing a mattress with patient in bed.

"Take off the spread and upper blanket. Fold the upper sheet and lower blanket back over the patient. Unfasten the lower sheets and roll them tightly till the rolls touch the patient on each side. Take hold of the rolls and lift the patient from the bed while the mattress is being replaced. Then let the patient down and tuck in the clothes. This is accomplished more readily by having three persons—two to lift the patient and a third to pull out the mattress."

Civil Defence Health Planning at Federal Level

DOROTHY M. PERCY

UNDERSTANDABLY, Canadian nurses are anxious to have authoritative information concerning plans for Civil Defence and the part they, as key personnel, may be called upon to take in the practical implementation of these plans. It is anticipated that subsequent issues of *The Canadian Nurse* will carry more detailed information about this important subject. In the meantime, and at the present stage of planning, only the most general overall statement of policy as it relates to health planning aspects of Civil Defence is possible or appropriate.

The Department of National Health and Welfare acts in an advisory capacity in matters of health and welfare to the Civil Defence Co-ordinator, General Worthington. In connection with the development of this program, a Departmental Co-ordinating Committee has been set up, consisting of the following members: Dr. G.D.W. Cameron, Dr. G.F. Davidson, Dr. H.A. Ansley, Mr. R.B. Curry, and Dr. K.C. Charron.

The Health Branch of the Department has responsibility for initiating and co-ordinating health planning for Civil Defence at the federal level and for developing a general pattern which may serve as a guide for provinces and municipalities.

It is expected that small Working Parties will be set up to explore the various aspects of Civil Defence Health Services, e.g.:

(a) Casualty Services.
(b) Environmental Sanitation Services.
(c) Nutrition Services.
(d) Industrial Medical Services.
(e) Health Supplies.
(f) Nursing Services, etc.

Miss Percy is Chief Supervisor of Nurses, Civil Service Health Division, Department of National Health and Welfare, Ottawa.

In the Department there will be a small Health Planning Group working on a full-time and part-time basis.

The problems posed by the various aspects of health services will be the primary concern of this Health Planning Group but full use will be made as well of specialists serving within the Department. In addition, other Federal Departments will be asked to participate in areas of health planning in which they have a direct interest. Similarly, professional organizations and voluntary agencies will be asked for cooperation. The anticipated steps in planning are:

1. Formation of Working Parties.
2. Supplying of Working Parties with basic information.
3. Meeting of Working Parties with one member of the Health Planning Group serving on each Working Party to co-ordinate the particular project with the overall plan.
4. The Working Parties will iron out specific problems in their fields and submit recommendations.
5. These recommendations will be made to the Health Planning Group and will be embodied in a general pattern which might serve as a guide to Provinces and, through the Provinces, to local communities.

A small Core Advisory Nursing Committee has been set up. At present the membership is: Miss Agnes Macleod, representing the C.N.A.; Miss Gertrude Hall, Miss Mildred Walker, Miss Evelyn Pepper, and Miss Dorothy Percy. Personnel from special fields of nursing will be called upon, from time to time, to serve this committee in a consultative capacity.

The duty of the Core Advisory Nursing Committee will be to advise the Health Planning Group on various aspects of nursing problems associated with Civil Defence. Problems affecting nursing which might come up in Working Parties will be referred to

the Core Advisory Nursing Committee for consideration and recommendation.

It is expected that a Nursing Co-ordinator will be appointed shortly. She will be a member of the Health Planning Group as well as of the Core Advisory Nursing Committee. She may be asked to sit in on meetings of various Working Parties, or may receive from them problems affecting nursing for referral to the Core Advisory Nursing Committee.

Through the generosity of the National Security Resources Board of the United States, Canadian authorities have been able to arrange for a limited number of Canadian nurses to participate in "first echelon" training programs in American centres on "The Nursing Aspects of Atomic Warfare." It is hoped that shortly the content of these courses may be adapted and made available to groups of Canadian nurses across the country.

Civil Defence — The Role of the Nursing Profession

J. F. WALLACE, M.A.

IN ORDER that the organization for civil defence in Canada be successful, use should be made of every available agency, be they professional or non-professional in character. To date, a great deal has been said about how much these agencies and associations will have to do in civil defence. Obviously, some will play a more prominent role than others, but there is probably no one single group who will play a more important role than the professional nurses of Canada. This is one group of citizens with which our communities, in normal everyday living, cannot do without. This fact has continually been emphasized in the past few years by the constant pleas of the Canadian public for increased interest in the vocation of nursing, and these pleas are forthcoming at a time when conditions in Canada are normal.

If we look to the need for competent nurses in the Canadian civil defence organization, we can readily see how much more dependent we shall be upon their profession than ever before. One only has to reflect on the care and attention that would be necessary to cope with a vast number of casualties, which may occur if any of our Canadian cities were so unfortunate as to be the victim of an atomic bomb attack.

To handle such a situation properly our resources in the way of doctors would have to be immense. Even under present conditions our country is short of adequately trained doctors. During wartime these resources would be decreased by the urgent needs of the armed services.

Consequently, we must of necessity fall back on our professional nurses who, in time of stress, have proven themselves, over and over again, to be capable of dealing with emergencies. No doubt the scope of their work would be enlarged. Nurses would probably have to work on their own, with the minimum of direction from the doctors, who themselves would be overloaded with work. Under some circumstances it can be visualized that nurses, on occasion, would carry out many of the duties and functions which today appear to lie strictly within the doctor's sphere.

The training which a nurse receives is such that, as a body apart from doctors, they are the only ones who

Captain Wallace is assistant to Director of Civil Defence Training, Department of National Defence, Ottawa.

are trained to deal with casualties, be they from normal everyday life or as a result of disaster. Their importance is realized in army medical services throughout the entire world. Their abilities are attested to by patients from all walks of life, and probably no greater praise for our Canadian nurses has ever come than from some 100,000 ex-servicemen who passed through their hands during World War II.

From a lay point of view it would appear that, besides the fully trained nurse, there is a great need for increased numbers of nursing assistants. No matter what the future has in store for our country I feel sure it will be our Canadian nurses who will be in the forefront of the battle.

One Road to Peace

GERTRUDE M. HALL

Average reading time — 3 min. 6 sec.

"OUR BEST WEAPON—Exchange of Students" was the title of an excellent article which appeared in a leading American journal some years ago. In it, the author expressed a firm belief that exchange of students is the surest single way, over the decades, to promote real understanding among people; and understanding is the one sure road to peace.

The so-called "mass media" of communication—newspaper, radio, television, motion pictures—all can contribute to international understanding, and their effect can be crucial at a given moment; but such effects are often ephemeral. The knowledge gained by students who have studied in our universities, worked in our hospitals and health organizations, and visited in our homes forms a solid bedrock of understanding that lasts through the years.

Today, as in the past, the Exchange of Nurses Committee of the Canadian Nurses' Association acts as a catalytic agent to foster, stimulate, and promote interest in student exchanges and to facilitate exchanges.

Realizing the need for careful planning and in order that such plans could be set in motion as quickly as possible after the last war, the Executive Committee of the Canadian Nurses' Association appointed an Exchange of Nurses Committee under the able leadership of Miss Ethel Johns. The committee went to work with high hopes and confidence, tempered with slight caution lest they should be accused of "running on."

In the beginning, it was considered advisable that exchange privileges should be limited to members of the C.N.A. and to nurses from other English-speaking countries, with the recommendation that gradually (and with due precaution) a similar exchange should be arranged with other countries, provided that applicants for exchange privileges in Canada possessed a good command of either the English or French language.

Nurses seeking exchange privileges in Canada are, naturally, expected to be sponsored by the official National Nursing Group in their country of origin.

The Exchange of Nurses Committee is prepared now: to suggest, upon request, suitable programs to applicants desiring to undertake courses of study either in Canada or Great Britain, at a university, other organization or institution; to suggest the names of organizations or institutions, or combinations thereof, offering experience through employment to applicants desiring this type of experience; to act in an advisory ca-

Miss Hall, as general secretary of the C.N.A., meets with most of the nurses who come from other lands.

pacity to the nurses participating in any of these programs. The maximum duration of any program is 12 months.

Preference will be given to nurses who already hold positions in their own countries and are assured of employment upon their return. Selection will be made preferably from among the younger age group who have demonstrated potential capacity, either as head nurses in hospitals or as staff nurses in the public health field. Applicants are informed that they are not considered as observers only but that they are expected to make a just return for their privilege in terms of service rendered.

All travelling expenses must be paid by the nurse herself.

Applicants are advised to take out sufficient insurance to cover the risk of accident, illness or injury during their stay in Canada or elsewhere. The Exchange of Nurses Committee will assist in making the necessary arrangements. Applicants are responsible, also, for clearing all immigration arrangements with the authorities concerned.

Applications will be received by the General Secretary of the Canadian Nurses' Association, *Suite 401, 1411 Crescent St., Montreal 25, Que.*, twice a year—viz., January 1 and June 1. Consideration will be given, however, to applications which, owing to special circumstances, have to be considered at other times.

A Health Visitor in Ontario

BARBARA M. HARVEY

Average reading time—7 min. 36 sec.

AS AN EXCHANGE nurse from Coventry, England, to the Lambton Health Unit in Sarnia, Ontario, I am still wondering why I am so fortunate as to have this great privilege bestowed upon *me*. I cannot say how much this wondrous opportunity has meant and how very happy I am to be here at this Unit amidst such kindness and hospitality which makes me feel at one with all its members. I *do* say a big "thank you" to all who have made this first exchange of nurses between Canada and Britain possible.

Apart from the advantages of a common tongue and the reciprocity of nursing qualifications (by no means found in all countries) the bond of our two countries is strengthened by the possession of the same high aims and ideals in preventive health nursing.

I have been asked to give my comments as an English exchange public health nurse in Ontario and I will try to do so under the following headings: administration, school health service, maternal and child welfare, tuberculosis, and social welfare.

Administration: On the whole the general organization of public health nursing in Canada is much the same as that in Britain.

School health service: Here, I have learned much. In England I do not pretend to have had a great deal of practical experience in this branch of our profession, except in the capacity of a "Queen's Nurse Midwife" carrying out "combined duties" in a rural area. In the cities and larger towns of Britain, it is usual to employ the full-time services of a school nurse, whose duties are much the same as those fulfilled by the Canadian public health nurse in her school work here.

I am much impressed by the value the parents attach to the school health service and to the important part this branch of our profession plays in helping to prevent the spread of disease. In Great Britain today free education is the government's aim. This has already been available for many years for those who would take advantage of it and with it goes a school nursing service very

similar to that in Ontario. However, there are still other means of private education obtainable, so it is by no means every child who comes under the jurisdiction of the school nurse, although every child is indirectly the responsibility of the medical officer of health.

It intrigues me here to think that I may be peering down the throat of a future prime minister or his wife during my routine classroom inspections.

Maternal and child welfare: Probably due to the great shortage of hospital beds in England, it is quite a common thing to find many normal deliveries taking place in the homes in both town and country districts. These often are conducted by the nurse midwife, who is also responsible for practical prenatal care under the supervision of the doctor of the patient's own choice. This doctor examines the patient at least twice during the pregnancy and also at any other time at the midwife's request. He is always available should any emergency arise during the actual confinement. The midwife attends at any of the doctor's "home deliveries" and in both cases nurses her patient for 14 days or more should need arise. The babies then are listed for "infant visits" on the nurses' books and are visited in much the same way as those in Ontario. Frequent supervisory visits are made until the child reaches the age of five years, when he becomes a "school child" and so comes under the school authorities. The school nurse carries the service on in the larger towns and cities. In the country areas there is continued, though less frequent supervision by the district nurse.

Because of the great part taken by the English midwife in family life, it may be realized that it is almost a natural procedure for the expectant mother to seek the services of the nurse. The same supervisory duties of patients intended for hospital delivery are expected of her. It is here that the chief difference lies in the public health nursing of our two countries.

Besides the employment of full-time school nurses in cities and towns, full-time municipal midwives are also appointed as are full-time health visitors, who may also act as child life protection visitors and tuberculosis visitors. All are under the supervision of their respective supervisors and under the medical officer of health.

As an English nurse, I have found much variation in such matters as infant feeding. Solids are offered to the child at a very early age here compared to those in England. There this type of feeding is not commenced until the baby is four months old or reaches 15 pounds in weight. The infant is completely weaned by about nine months of age and starts on three meals a day. In England the importance of breast feeding is stressed and natural nursing urged whenever possible. I am much impressed by the sturdy Canadian babies.

Immunization, too, is stressed at an earlier age here. The combined injections of whooping cough and tetanus antigens with diphtheria is a great advantage. On the other hand, in England vaccination against smallpox is performed quite early in infancy (and has, until recent years, been compulsory). The reaction at this age is somewhat milder than that noted in an older child vaccinated for the first time. No doubt some immunity, acquired from the mother, accounts for this.

Tuberculosis: With regard to the nursing of the tuberculosis patient, I am happy to notice that in Ontario advanced as well as minimal cases have the privilege of care in sanatorium, thus eliminating further spread of the disease as far as possible. In England, sad to say, partly due to the gross destruction of World War II and the consequent utilitarian mode of living at the present time, the lack of adequate sanatoria, or even normal living accommodation where the tuberculous patient may possess the ideal room for his personal use, is often apparent. The advanced patient, therefore, often has to be nursed in his own home, while any available room in the sanatoria is given to the more curable person who, more often than not, joins the names upon long waiting lists. A very sad plight and a vicious circle which speaks for itself!

Much use is made of wooden, open huts, obtainable through the local health authority, which are erected in the patient's garden for his use. The services of the district nurse are available when needed (which is often) and hot cooked

meals may be obtained from the "Meals on Wheels" source sponsored by the local authorities, free of charge if necessary.

Home-helpers are not available for the tuberculosis patient. This service in Britain is very similar to the Home Makers of Canada. At present it is not always possible to obtain suitable personnel for this valuable work.

Social welfare: While the absence in Canada of a similar organization to the English National Health Service or National Insurance is very apparent, it gives me great pleasure to note the existence of so many voluntary organizations who contribute so readily to the wants of the needy in so generous a manner.

It is to be hoped that there will now be a continued exchange of Canadian-British nurses and that opportunity will be given to the nurses in question to apply their broadened knowledge where applicable to their work in their home country. I would suggest that it somehow should become mandatory that exchange nurses should be able to meet. I feel *very* sad to think that I shall not even catch a glimpse of my reciprocal exchange, whom I have almost come to know and who is so adequately filling my post in Coventry, without whose cooperation I might never have been blessed with this wonderful privilege.

Structure Study Committee

Progress Report

YOUR COMMITTEE is able to record gratifying progress in the work which it was commissioned to do by the biennial meeting of the association held in Vancouver last June. With a minimum of meetings we have had the great good fortune in securing a highly qualified director of the study, who has commenced her work already and with whom certain plans of an all-over nature have been discussed. These tentative arrangements are herewith presented for your approval:

PAULINE JEWETT

I. *Personnel of the committee:* Misses E. Cryderman, N. D. Fidler, M. Myers, E. Paulson, B. Pullen, Sister Denise Lefebvre, with Miss F. H. M. Emory, chairman, Miss H. McArthur, *ex officio*, and Dr. Muriel Uprichard as consultant.

II. *Choice of director:* From a number of names submitted by members of the committee, Dr. Pauline Jewett, a Canadian, has been chosen to direct the study. Your committee is satisfied that, through her leadership, the findings of the study will prove of constructive value to the organized profession in this country.

(a) Professional qualifications—M.A., Queen's University, 1945; Ph.D., Radcliffe College (Harvard University), 1950; lecturer at Wellesley College, 1946-47, and Queen's University, 1947-49, in Political Science; awarded the Marty Memorial Fellowship for study at the London School of Economics and Oxford University; spent 1950 in England.

(b) Date of commencement of work—Monday, January 15, 1951.

III. *The content of the study:* The terms of reference include—

(a) A re-examination of the purposes of a national professional organization and of the functions necessary to achieve these purposes.

(b) A study of the interrelationships of the national and the provincial associations.

(c) A consideration of the relation of the purposes and functions of the Canadian Nurses' Association to:

(i) the nurse;

(ii) society, including the relationship of the Canadian Nurses' Association to organizations working in the field of health and welfare—official and unofficial.

(d) A survey of existing machinery and personnel with a view to a more adequate fulfilment of these purposes, functions, and relationships.

IV. *Tentative plan of meetings:*

(a) Tentative draft report to be ready for mailing to the members of the committee September 15, 1951.

(b) Meeting of the committee September 29, 1951. (Report re-drafted and re-circulated.)

(c) Committee meeting November 1, 1951.

(d) The amended report presented to Executive for approval November 15, 1951.

(e) The final report ready early in 1952.

V. *Suggested sequence of itinerary:*

Attendance at informal meeting of available members of committee, January 16, remaining in Toronto, January 17.

National Office, January 18-February 10.

Association of Nurses of the Province of Quebec, February 12-March 2.

Registered Nurses' Association of Ontario, March 5-22.

Manitoba Association of Registered Nurses, March 27-April 10.

Saskatchewan Registered Nurses' Association, April 10-25.

Alberta Association of Registered Nurses, May 9-23.

Registered Nurses' Association of British Columbia, April 25-May 9.

Certain contacts on return, May 23-31.

New Brunswick Association of Registered Nurses, June 1-15.

Registered Nurses' Association of Nova Scotia, June 15-30.

Association of Nurses of Prince Edward Island, July 1-8.

The profession in Newfoundland, July 8-15.

The writing of the report, July 15-September 15.

VI. *Matters which will facilitate the work of the director:*

(a) It is suggested that the National Office should provide each provincial office with:

(i) a suggested list of contacts, national and provincial, (the committee has commenced such a list);

(ii) the approximate dates of the visit of the director.

(b) It is hoped that a plan, whereby a start in the given province can be made, will be available for the director upon arrival so that the study can be initiated without the loss of valuable time.

In conclusion, the committee wishes to record the valued assistance of Dr. Uprichard in making possible this report.

FLORENCE H. M. EMORY
Chairman,
Structure Study Committee

Trachoma is widely prevalent in Eastern and Southern Mediterranean countries, especially among rural populations. Up to 80 per cent of the people in some districts suffer from this disease, which often results in complete blindness. The first large-scale, scientifically controlled campaign for treating this disease with new antibiotics is starting in several Eastern Mediterranean countries caring for Arab refugees, WHO has announced. The antibiotics to be used are chloromycetin, terramycin, and aureomycin. Supplies will be donated to WHO.

The program will eventually reach many thousands of cases and will permit precise determination of the value of each antibiotic used, the best methods of administration of the treatment, the optimum dosage, and the financial cost of a complete trachoma control campaign. Combined methods of treatment, using new antibiotics with traditional drugs, may also be evolved from the project.

Nursing Profiles

Julia M. Miller has assumed her new duties as executive director of the National League of Nursing Education with her headquarters in New York City. With the numerous links between that organization and Canadian nursing, this appointment holds considerable interest for nurses in this country.

A graduate of St. Barnabas School of Nursing, Minneapolis, Miss Miller was on the staff of the University of Minnesota for 17 years during which time she secured her degrees of Bachelor of Science and Master of Arts. She rose in rank from general staff nurse to superintendent of nurses and assistant professor in nursing. Some seven years ago, Miss Miller went to Emory University, Georgia, as dean of the School of Nursing and professor of nursing education. Recently, she was associated with the National Nursing Accrediting Service in New York. Miss Miller has also been a consultant with the U.S. Public Health Service, Division of Nursing, in some special projects.

Her versatility and deep understanding of nursing problems is demonstrated in the wide range of committee activity in which Miss Miller has taken part. These include such interesting fields as: Committee on Employment Conditions of Graduate Registered Nurses; State Board Problems Committee; Committee on Graduate Work for R.N.'s, etc. She was president of the Georgia League of Nursing Education for two years. All of this presages a successful future for Miss Miller in the new work she has undertaken.

JULIA M. MILLER

Marie Sorenson has spanned our country in the new work she has undertaken. Born in Norway, educated in British Columbia, she is now the superintendent of nurses at the West Coast Sanatorium, Corner Brook, Nfld. Miss Sorenson graduated from the Vancouver General Hospital in 1944. The following year she received her B.A.Sc. degree from the University of B.C., specializing in teaching and supervision. She returned to V.G.H. as a head nurse in the pediatrics department for two years, then transferred to the Vancouver unit of the Division of Tuberculosis Control where she was successively a head nurse, then assistant superintendent. Her new work will include the equipping and opening of this splendid new tuberculosis sanatorium designed to serve a large area.

Campbell, Vancouver

MARIE SORENSON

Janie Edna Jamieson is now surgical supervisor at the Royal Jubilee Hospital, Victoria, B.C., where she has been busily organizing a new four-month post-graduate course in operating room technique and administration which starts its first class this month. Excepting for one period when she was night supervisor in the maternity department at the Vancouver General Hospital, Miss Jamieson has worked in the oper-

ating theatres continuously ever since she graduated from the Montreal General Hospital in 1921. She has been a supervisor at St. Luke's Hospital, Spokane, Wash., at Royal Columbian Hospital, New Westminster, and for 13 years at the Vancouver General Hospital. Her skill as an administrator and her ability as a teacher have won her wide recognition.

From her earliest days as a graduate, Miss Jamieson has had a devoted interest in the professional associations. She has served on innumerable committees, has been president of the Vancouver Chapter and also the Greater Vancouver District of the R.N.A.B.C. It was not at all unusual for this intensely interested leader in nursing to sacrifice her vacation in order to accomplish a specific project—as for example during World War II when she used part of her holidays to put on a refresher course for inactive nurses. Miss Jamieson is keenly interested in collections of Chinese jade and ivories. She enjoys reading and music, too.

In Memoriam

Gertrude (Cox) Baker, a graduate of Highland View Hospital, Amherst, N.S., died at Yarmouth, N.S., on November 30, 1950, after an illness of several months.

* * *

Phyllis Maud (Sandwith) Bromley, who graduated from the Toronto General Hospital in 1935, died at Toronto on December 9, 1950, following an illness of two weeks.

* * *

Janet Campbell, the first public health nurse in Hants County, N.S., died at Sussex, N.B., on November 30, 1950, following a long illness.

* * *

Eva May Cox, aged 76, a Nova Scotian who graduated from the Massachusetts General Hospital, died at Middleton, N.S., on December 12, 1950, after being ill for many months. Some 25 years ago Miss Cox was superintendent of Soldiers' Memorial Hospital, Middleton. She left that post to spend two years as a medical missionary in India.

* * *

Mary Ada Davison, aged 79, a graduate of the General Hospital in Worcester, Mass., died early in January, 1951, in Montreal. Miss Davison was superintendent of a private hospital in Almonte, Ont., before joining the medical social service staff of the Montreal General Hospital where, for 22 years, she was the director. She was a pioneer in the campaign for the early detection and treatment of tuberculosis.

Annie Mary Hall, who graduated in 1898 from the Royal Victoria Hospital, Montreal, died at Montreal on January 14, 1951, at the age of 90. Miss Hall had occupied various positions on the staff of R.V.H. before being appointed supervisor of the nurses' home. She had retired more than 30 years ago.

* * *

Emily Teresa Keegan, who graduated from the Children's Memorial Hospital, Montreal, in 1926, died suddenly at Montreal on January 11, 1951. Miss Keegan had been on the staff of the Verdun Protestant Hospital.

* * *

Mary Isabella Kerr, aged 85, a graduate with the first class from St. Luke's Hospital, Ottawa, died in Ottawa on December 18, 1950. Miss Kerr was appointed superintendent of the Cottage Hospital in Pembroke, Ont., in 1903. Later she practised nursing in Ottawa.

* * *

Frances Sophia Macmillan, who graduated from the Royal Victoria Hospital, Montreal, in 1904, died in Victoria in November, 1950. Miss Macmillan had served as superintendent of nurses at the Royal Alexandra Hospital, Edmonton, many years ago.

* * *

Edith Catherine Rayside, C.B.E., R.R.C., one of Canada's most distinguished nurses, died on December 20, 1950, at Lancaster, Ont., at the age of 78. A graduate of Queen's University in 1895, Miss Rayside

EDITH C. RAYSIDE

received her training at St. Luke's Hospital, Ottawa. She spent some time in Mexico as a company nurse until World War I called her back to serve her country. She went overseas in February, 1915, as matron of No. 2 C.G.H. She returned to Canada two years later to assume the responsibilities of matron-in-chief at headquarters in Ottawa.

Following her release from military service, Miss Rayside joined the staff of the school of nursing of the Montreal General Hospital. In 1923 she was appointed superintendent of nurses at the Hamilton General Hospital. At the height of her service there, illness struck necessitating her retirement in 1933. In the 1934 New Year's Honors, Miss Rayside received the appointment as a Commander of the Order of the British Empire. The University of Toronto presented her with an honorary degree.

Miss Rayside was an honorary president of the Nursing Sisters' Association of Canada.

* * *

Jean Rutherford, a graduate of the Hamilton General Hospital, died in Hamilton on December 3, 1950. She had been in ill health for the past two years. Miss Rutherford had served in the x-ray department at H.G.H. and later on the nursing staff of the American Can Company.

* * *

Annette Seeber, who graduated from the Kingston General Hospital in 1896, died at Fort Erie, Ont., on January 3, 1951, in her 92nd year.

* * *

Ethel Maud Taylor, who graduated from the Homoeopathic Hospital, Montreal, in 1920, died in Montreal on January 4, 1951, at the age of 67.

Awards in Tuberculosis Nursing

One of the projects undertaken by the British Columbia Tuberculosis Society, Vancouver, is the award of prizes to student nurses for proficiency in tuberculosis nursing, as demonstrated in theory and practice during their affiliation course with the Division of Tuberculosis Control. The object is to emphasize the importance of this specialty in the basic training course. The prizes are in the form of monetary awards from funds raised in the annual Christmas Seal sale.

Originally, the competition was limited to the student nurse with highest standing at each of the two centres where the course is conducted. Four schools of nursing affiliate at Vancouver and the remaining two at Victoria. In 1950 the competition was broadened by awarding prizes at graduation time to the student with highest standing in each of the six schools of nursing. In future the grand prizes will be discontinued in favor of the school prizes, thus placing the competition on a fairer basis because of the variation in seniority at time of affiliation and a greater number of students in each class from the larger schools.

The grand prize winners for the 1950 event were: Miss Eva Nicholson, General Hospital, Vancouver, and Miss Audrey Proctor, Royal Jubilee Hospital, Victoria.

Grant us the sincerity to accept the things we cannot change; the courage to change the things we can improve; and the wisdom to know the difference.—*Selected*

Trends in Nursing

Hand-tailored Resolutions

The Situation: The speaker has finished his address and his climax has been downright inspiring. He has not only hit the nail on the head—he has driven it right home. You applaud enthusiastically and leave, very satisfied.

The Result: You rush right home and put those ideas into practice in your own hospital.

How's that again? Let's have a silent minute for an examination of conscience. . . . Ah, yes, we thought so!

Resolved, That henceforth we'll not only absorb the words of wisdom at a convention, institute, or workshop, but take them home and translate them into action!

* * *

The Situation: You've sampled a few snatches of this month's hospital literature and you've come across a first-rate article on personnel management. It's the very information you've needed for your own institution—practical, thought-provoking.

The Result: You pick up the telephone, call your personnel director, and say, "Let's get busy on this right away."

How's that again? Half a minute ought to do the trick this time. See what we mean?

Resolved, That we'll use good hospital literature as building blocks for a better hospital.—*Hospital Progress*, Dec. 1950.

Group Dynamics

A work conference reported in *Hospital Progress* (Dec. 1950) describes the use of the "group dynamic" method in solving problems.

The key to the enthusiasm displayed lay, of course, in the determination of the 160 participants to reach some definite conclusions during this meeting. The "group dynamics" technique employed was instrumental in stimulating the easy interchange of ideas. Basic to this technique is the thought that every one has some worthwhile idea to contribute. "You're alive, hence you've gained experience; you have experience, hence you can contribute." You will be interested in reading the "problems" and the recommendations resulting from this conference.

Vocational Education in Nova Scotia

By an amendment to the Vocational Education Act, certain powers and duties of the Council of Public Instruction, in respect to the establishment, maintenance, and direction of schools and courses under the Act, have been transferred to the Minister of Education. This Minister is now empowered to establish night schools, miners' and apprenticeship schools, schools for vocational education teachers, and to establish correspondence courses.—*Labour Gazette*, Dec. 1950.

Tuberculosis and Health Workers

Tuberculosis is to be prescribed as an industrial disease for nurses and other health workers whose employment brings them into close and frequent contact with tuberculosis infection, it has been announced in Great Britain. The Royal College of Nursing had made strong representations on this question, urging that the clause should apply not only to nurses but to all health workers who came into contact with tuberculous patients. The disease should be presumed due to the employment unless the contrary is proved; the period of presumption beginning six weeks after entry to the employment and continuing until two years after leaving it. The committee concluded: "There is much room for improvement in respect of the care taken in the in-

terests of the staff in establishments in which patients suffering from tuberculosis are treated. We hope that the health departments concerned will be able to secure that the improvements long known to be necessary will be effected at an early date." Industrial injury benefits are higher than those for ordinary sickness under the National Insurance Act and this recognition will mean considerable reduction in the anxiety attendant upon the development of tuberculosis by health workers.—*Nursing Times*, Dec. 2, 1950.

Expert Committee Report

The report of the first session of the Expert Committee on Nursing of the World Health Organization has now been published. The report has been accepted by WHO Assembly which means that the governments of the 70 countries supporting the Organization should endeavor to achieve the recommendations of the Expert Committee.

$20,000,000 Education Program

UNESCO is five years old. These five years have been the start of a great mission. A $20,000,000 plan, to be carried out by progressive stages over a period of 12 years, for the creation of a world network of Fundamental Education Centres, was approved by UNESCO's Executive Board. The plan is part of a worldwide drive against illiteracy and low living standards.

This scheme, which is to be financed by private and government funds outside UNESCO's regular budget, will be submitted to the Organization's General Conference for final adoption next summer. Centres are to be established in Equatorial Africa, Latin America, the Far East, India, and the Middle East. For the benefit of the countries of each region they will carry out:

1. *Research*, to determine the real needs of the area and experimentation into new methods and media of fundamental education suited to these needs.
2. *Training* in each centre of 100 specialists, teachers, and field workers for a year or a total of 5,400 specialists in the six centres by the end of 12 years.
3. *Production of* locally adapted *teaching materials*, including literary texts, reading matter, guides to teachers and field workers, filmstrips and films, and radio recordings.
4. *Mobile missions of experts* to go into the field to help local governments to apply the techniques involved, and the materials produced, to their literacy campaigns.

—*UNESCO Courier*, Dec. 1950.

Human Rights Covenant

The United Nations is now working on an International Covenant of Human Rights which, unlike the Declaration, will have binding force on all the signatories. This Covenant will be the first document of universal scope to establish a common pattern for the attitude of states toward private citizens. Naturally, therefore, its importance will be enormous. But we should not be led by this fact to forget the great value inherent in the Universal Declaration of Human Rights.

There are, no doubt, some people who may be tempted to believe that the Declaration should have begun with a strict definition of the minimum commitments which states should and could undertake, instead of with an affirmation of principles. But had this minimum been fixed, the states might have contented themselves merely with showing the boundaries beyond which barbarism could not pass. A proclamation of the ideals which clearly and positively establish the frontiers of civilization might have been postponed until a remote future.—*UNESCO Courier*, Dec.1950.

The Closed Shop

The "closed shop" tyranny has raised its head again. Durham County Council, England, recently called upon its employees—including teachers, doctors, nurses, and midwives—to show evidence of membership in a

trade union as an alternative to being dismissed. Fierce protest meetings, backed by the National Union of Teachers, British Medical Association, Royal College of Nursing, and Royal College of Midwives, for the various professions involved, expressed the strong feelings of the employees, who received much support from outside, including, happily, broader-minded members of the Council. The Ministers of Health and Education joined in deprecating the high-handed attitude of the Council and pointing out that it was contrary to ministerial directives on the point. Durham County Councillors seem to be considering second thoughts.—*Nursing Mirror*, Dec. 1, 1950.

The Royal College of Nursing has advised its members employed by the Durham County Council to disregard the demand to provide proof of membership of an organization. The Royal College of Nursing is utterly opposed to membership of an organization being made a compulsory condition of employment.—*Nursing Times*, Dec. 2, 1950.

National Health Program

The report of the National Health Program for the years 1948 to 1950, now available, provides a very clear picture of the comprehensive nature of the health program planned and implemented by our federal and provincial governments. It might be well to recapitulate in brief the basic purposes and undertakings:

1. *Purposes:*
   (a) To assist the provinces in surveying their health facilities and services.
   (b) To assume part of the cost of new hospital construction over a period of years.
   (c) To make annual grants to improve and strengthen provincial services in particular health fields.
2. *Undertakings:*
   (a) In all ten provinces thorough surveys of existing health facilities and services are underway. Further programs will be based on the knowledge gained, as well as on the details about illness and disability being gathered in the nation-wide sickness survey now being carried out.
   (b) Construction grants have helped materially in defraying costs of construction of 323 hospitals and hospital additions.
   (c) Federal funds have made possible the training of 3,500 additional health workers.
   (d) The purchase of technical equipment and extension of both preventive and treatment services has strengthened provincial and municipal health facilities.
   (e) Health research in Canada has significantly increased.

Space does not permit much comment on this report but it seems imperative to mention the value of the health surveys as a means of getting at the facts without which we are working in the dark. Under the grant for health surveys "it is now possible to chart provincial health needs so that the other grants can be used effectively." Assistance toward the employment and training of health workers has been another special feature of the Federal Health Grants. In addition to providing bursaries and training facilities for nurses, assistance with recruitment programs has been undertaken. Help has also been given to the "new" programs in Windsor and Western Hospital, Toronto. These are but a few highlights of the report which will be read with interest by all those interested in community health.

News from the Provinces

Digests of reports presented to the C.N.A. Executive, February 8-10, 1951:

New Brunswick is pleased to report the largest registration ever recorded at their last annual meeting; an increased membership, bringing the total number of members to 1,226; first-year student examinations held in January for the first time; a new chapter of the association formed by Newcastle and Chatham, bringing the total to seven; increased fees for the private duty group; study by chapters of the revised Act of Incorporation and By-laws; work by the Legislation Committee on legislation for the practical nurse group; and considerable

activity by the Educational Policy Committee.

Quebec reports the appointment of an assistant secretary-registrar; the establishment of a Bilingual Division of Industrial Nurses as a sub-group of the Committee on Public Health Nursing; approval of the establishment of a school of nursing by the Jewish General Hospital; approval of a three-month affiliation for student nurses in psychiatric nursing, to be given by the Verdun Protestant Hospital; that one large English school, starting January, 1951, will follow accounting procedures as recommended by the American Hospital Association in order to determine separately the costs of nursing service and nursing education; that one large French school of nursing has taken steps to analyze the cost of the nursing school program; an Instructors' Institute held by the Instructors' Group in which they continued their work upon outlines of subject matter for inclusion in the first-year examinations, and embarked upon a study of medical and surgical nursing; a total membership of 10,512—8,055 of whom are practising members; reciprocal registration during 1950 to nurses from all parts of the world, 206 of whom came from the other nine provinces, 19 from ten states of the United States, 49 from other countries—England, Ireland, France, Holland, Finland, Lithuania, Latvia, Poland, Russia, Belgium, Switzerland, Lebanon, Southern Rhodesia, and New Zealand.

British Columbia also reports an increased membership with a total of 5,185 members in 1950; that new members represent all Canadian provinces, except Newfoundland, and ten other countries; courses or tests taken by 30 nurses to overcome deficiencies as follows: diet therapy (6), pediatric nursing (5), obstetric nursing (3), operating room (2), tuberculosis (2), general education (16), complete examination (4); one registration revoked because registration had been granted on the basis of credentials of a nurse whom the applicant had impersonated; an increase in annual renewal fee, commencing March 1, 1951, to $15 and of the initial fee for reciprocal registration to $20; strengthening of the undergraduate program; work on the new curriculum; an itinerant educational program consisting of three two-hour sessions, repeated in the evening to assure opportunity for all nurses to attend; a course in the administration of intravenous therapy, which started January 15 with an enrolment of six nurses; a conference on the training and utilization of practical nurses; an amendment to the R.N.A.B.C. Recommendations on Personnel Practices which reads as follows: "That salary recognition corresponding to one annual increase be granted to registered nurses for whom evidence is secured of two or more years of satisfactory experience in a similar position prior to employment."; that the association is now the bargaining authority for the nurses employed in 16 hospitals and four public health agencies and that, as an outcome of representation by the association, Workmen's Compensation coverage for public health nurses now includes tuberculosis coverage.

Ontario—news of the 25th anniversary of incorporation as the Registered Nurses' Association of Ontario; of a meeting with an attendance of 1,000 nurses and of a dinner meeting with a registration of 643 and the attendance of nine of the ten past presidents; the adoption of new By-laws in 1950 including the following: (1) the substitution of standing interest committees on Institutional, Private, and Public Health Nursing for sections, (2) the establishment of an active and associate membership with an annual fee of $10 and $2.00 respectively; that Recommended Personnel Practices had been approved and widely distributed to employers of nurses and all members of the association; that, through the instrumentality of the association, the Municipal Act of Ontario had been amended to permit the granting of aid by any local community to the nursing registry and that such grants had already been received; presentation of a brief to the Minister of Health of Ontario, requesting the government to consider the Metropolitan School a project for which aid might be sought from Federal Health Grants and expressing the hope that the government would not only enable the school to complete its demonstration but continue to grant financial support so that it might be established on a permanent basis; the payment of the token grant, totalling $1,768.50, to the Canadian Nurses' Association; efforts to secure new nursing legislation; an attempt, by means of a questionnaire, to secure information on the availability of nurses for service in a national emergency.

Alberta reports that, due to Miss Clark's absence in Scotland, the first vice-president, Miss Frances Ferguson, has been appointed acting president; that the office has moved

to 10129-102nd St.; that a significant resolution was passed in April—namely, that *The Canadian Nurse* subscription be included in the annual fee and that the active membership fee be raised to $10.50 annually; that the active membership is now 2,289; a change in the By-laws to facilitate arrangements for British trained nurses—namely, that temporary permits be issued annually for a two-year period only, during which time the applicant must make up her academic deficiencies or write placement tests as set by the Department of Education; the formation of two more chapters; the approval of a Group Disability Plan for the Edmonton District; the publication of a revised pamphlet on personnel policies; that 22 applicants received Dominion Provincial Aid; a six-week course for hospital matrons in Hospital Administration, funds for which were made available from the Federal Health Grant; the organization of three other refresher courses: (1) for private nurses on medical aspects and nursing care in brain surgery, chest surgery, and newer drugs, (2) for public health nurses, (3) for institutional nurses on nursing service personnel; that Federal Health Grants have made it possible for 50 nurses to pursue post-graduate studies in 1950; visits to 15 smaller hospitals and five schools of nursing by the registrar during October.

Prince Edward Island reports that a full-time secretary-registrar and nursing school adviser was appointed as from October 1, 1950; that as a result of the Licensing Act, which became effective on January 1, 1950, the practising membership has increased 89.5%, the practising membership now standing at 326; that qualifying examinations were held for the first time in the first week of December, 1950, and a class of 46 successfully passed this examination; that the registry began to function in March, 1950, and has 112 members enrolled.

Committee News

Committee on Public Relations: The committee is considering revision and printing of materials for national distribution. The use of films and filmstrips, as a means of interpreting Canadian nursing, is being investigated and policies in relation to press releases reviewed. It is expected that at a future meeting the possibilities of radio publicity will be further explored. A film "This Way to Nursing," distributed by the A. & F. Educational Film Corp., was previewed by Montreal committee members.

Committee on Institutional Nursing: The committee reports the appointment of Miss Dorothy Potts as convener of the sub-Committee on Publications; the preparation of a tentative program for approval under the following headings: (a) teamwork of various nursing personnel, (b) the status of general nurses in hospitals, (c) nursing services in the event of disaster.

Orientation et Tendances en Nursing

RÉSOLUTIONS POUR L'AN NEUF

La foule sort d'une conférence, l'orateur a su communiquer à son auditoire la chaleur de ses convictions, vous-même l'avez applaudi et vous partez satisfait.

Dès votre arrivée à la maison, vous voulez faire partager aux vôtres les connaissances nouvelles et les bonnes idées que vous a inspirées le conférencier.

Si nous faisons un petit retour dans nos souvenirs, cela, n'est-il pas arrivé à chacune d'entre nous?

Voici la résolution que nous nous proposons pour 1951. Communiquez aux autres les choses qui vous paraîtront intéressantes durant l'année — que ce soit une conférence ayant soulevé votre enthousiasme, quelques lignes d'un livre donnant la solution d'un problème discuté, un article de valeur traitant de la direction du personnel, ou de tout autre chose pratique, propre à stimuler la pensée et souvent l'action.

Que de progrès seront réalisés en 1951 si nous adoptons cette résolution.— *Hospital Progress*, déc. 1950.

L'UNION FAIT LA FORCE

Lisez l'article publié dans *Hospital Progress*

(déc. 1950) à la page 368. Des journées d'études furent organisées pour trouver une solution à une série de sept problèmes. Le succès de la conférence fut assuré par l'enthousiasme et la détermination de chacune et tous prirent part aux discussions. Le dynamisme des participants fut déclanché par cette assertion: "Vous avez vécu, vous avez acquis de l'expérience, dont votre expérience, si vous en faite part aux autres, peut contribuer à la solution de ces problèmes."

L'exposé des problèmes posés et les recommendations faites lors des journées d'étude vous intéresseront.

Formation Professionelle en Nouvelle-Ecosse

La loi de la Formation Professionelle (Vocational Education) vient d'être amendée en Nouvelle-Ecosse. Certains pouvoirs et responsabilités du Conseil de l'Instruction Publique, concernant l'établissement, le maintien et la direction d'écoles et de cours, ont été transmis au Ministère de l'Education. Le Ministre a maintenant le pouvoir d'établir des écoles du soir, de mineurs, des écoles d'apprentissage, des écoles pour la formation de professeurs chargés d'enseigner dans les écoles précitées, et des cours par correspondance.— *Gazette du Travail*, déc. 1950.

La Tuberculose dans les Sanatoria, doit-elle être considérée comme un Accident du Travail?

La tuberculose sera considérée au même titre que les maladies industrielles, pour les infirmières et les autres membres du personnel hospitalier dont l'emploi les met en contact fréquent avec les tuberculeux contagieux. Voilà ce qui vient d'être décidé en Grande-Bretagne. Le Collège Royal du Nursing a fait de fortes représentations afin que, non seulement les infirmières soient protégées mais également toutes les personnes venant en contact avec ces malades.

L'indemnité ne sera versée, après preuve, que si la maladie a été contractée au cours de l'emploi. La protection commence six semaines après le début du travail pour se terminer deux ans après le départ.

"Il y a beaucoup à faire pour améliorer le sort du personnel hospitalier dans les institutions où l'on traite les tuberculeux. Nous espérons que la Division du Ministère de la Santé concernée sera en mesure d'obtenir prochainement les améliorations désirées depuis longue date."

Sous la loi de l'Assurance Nationale (assurance-santé obligatoire en Grande-Bretagne) les prestations aux accidentés du travail et aux malades industriels sont plus avantageuses que celles retirées par les malades ordinaires. Cette préférence diminuera les craintes au personnel des sanatoria, exposé plus que d'autres aux dangers de la tuberculose.— *Nursing Times*, déc. 2, 1950.

Organisation Mondiale de la Santé

Le rapport de la première réunion d'un Comité d'Experts sur le Nursing vient d'être publié. Il a été accepté par l'assemblée de l'O.M.S. ce qui veut dire que les gouvernements de 70 pays vont essayer de mettre en pratique les recommandations contenues dans ce rapport.

$20,000,000 pour un Programme d'Education

L'UNESCO a cinq ans d'existence. Ces cinq années ont marqué le début d'une grande mission. Vingt millions furent mis à la disposition de cet organisme pour la création de centres où la base de l'instruction sera donnée progressivement durant 12 ans à travers le monde dans les pays moins avancés. L'on veut combattre l'ignorance et élever le niveau de vie jugé trop bas dans certains milieux. Ces centres seront établis en Afrique équatoriale, dans l'Amérique latine, dans l'extrême et le moyen Orient, et l'Inde.

Voici le programme que l'on essayera d'établir pour améliorer le sort de ces contrées:

1. *Recherches*—Pour déterminer les besoins pressants de ces régions et expérimenter des méthodes nouvelles employées comme moyen d'éducation.

2. *Formation professionnelle*—Dans chacun de ces centres on a formé une centaine de spécialistes par année—professeurs chargés de donner l'enseignement théorique et pratique. L'on désire que ces professeurs soient au nombre de 5,400 d'ici douze ans.

3. *Production* d'un matériel d'enseignement convenant à la population, tel que manuels scolaires, littérature, guides pour les professeurs, pellicules cinématographiques et émissions de T.S.F.

4. *Equipes mobiles*—Des experts chargés d'aider sur place les gouvernements des pays où ces techniques sont appliquées et où est produit le matériel nécessaire.— *UNESCO Courier*, déc. 1950.

Un Pacte des Nations Unies

Les Nations Unis sont à préparer un pacte dont tous les signataires s'engageraient à respecter les principes sauvegardant les droits de l'homme.— *UNESCO Courier*, déc. 1950.

L'Atelier Fermé

La tyrannie de l'atelier fermé montre de nouveau la tête en Angleterre. Le Conseil du Comté de Durham a demandé à ses employés instituteurs, médecins, infirmières, et sages-femmes — de prouver qu'ils sont membres d'un syndicat ou autrement qu'ils seraient remerciés de leurs services. Des assemblées de protestations eurent lieu, appuyées par l'opinion des membres de l'Union Nationale des Instituteurs, l'Association Médicale Britannique, le Collège Royal du Nursing, et le Collège Royal des Sages-femmes, exprimant les sentiments des employés concernés. L'on protesta même hors des rangs professionnels et heureusement parmi eux quelques membres du Conseil du Comté étaient présents.

Le Ministre de la Santé et le Ministre de l'Education désapprouvèrent l'attitude arbitraire du conseil et firent remarquer qu'elle était contraire aux directives ministérielles données sur ce point. Le Conseil du Comté de Durham, croyons-nous, va réfléchir.— *Nursing Mirror*, déc. 1, 1950.

Le Collège Royal du Nursing a conseillé à ses membres employés par le Conseil du Comté de Durham d'ignorer la demande qui leur était faite de prouver qu'elles faisaient partie d'un syndicat. Le collège est opposé à ce qu'une organisation exige comme condition obligatoire d'emploi d'être membre d'une société.— *Nursing Times*, déc. 2, 1950.

Programme National de Santé

Le rapport du Programme National de Santé pour 1948 à 1950 vient d'être publié. Il contient une image claire et compréhensive du programme que veulent réaliser nos gouvernements fédéral et provinciaux. Il est peut-être à propos de récapituler brièvement les buts principaux de ce programme:

1. *Buts*

(a) Aider les provinces à faire une enquête sur leurs services de santé et sur leurs ressources hospitalières.

(b) Assumer, durant un certain nombre d'années, une partie du coût de la construction de nouveaux hôpitaux.

(c) Donner des octrois annuels pour améliorer et rendre plus efficaces les services provinciaux de santé dans des domaines déterminés.

2. *Entreprises*

(a) Dans les dix provinces une enquête est en cours pour déterminer les services de santé en existence. Un programme plus élaboré sera préparé à la suite des informations révélées par cette enquête, de même que par les renseignements fournis concernant la maladie et l'invalidité.

(b) Les octrois pour la construction ont aidé à défrayer le coût de la construction ou l'agrandissement de 323 hôpitaux.

(c) Les octrois fédéraux ont permis à 3,500 personnes de recevoir une formation en matière de santé.

(d) L'achat d'équipement technique et l'extension de service de médecine préventive a aidé les services de santé municipaux et provinciaux.

(e) Les recherches en matière de santé ont augmenté considérablement.

L'espace nous manque pour faire de longs commentaires sur ce rapport mais il semble que nous devons souligner la valeur de l'enquête sur les services de santé; les faits sont là et nous n'irons pas à peu près. "Il est possible maintenant de déterminer les besoins des provinces et ainsi d'employer les octrois à bon escient." L'assistance donnée en matière d'emploi et de formation professionnelle a été une point pris en considération. En plus d'accorder des bourses d'étude aux infirmières et de faciliter leur entraînement l'on a aidé à l'organisation d'une campagne de recrutement. Les écoles de Windsor et du Toronto Western Hospital ont reçu de l'aide pour l'exécution de leur nouveau programme.

A la lumière de ces quelques remarques, toutes les personnes intéressées à la santé et au bien-être de notre population désireront lire ce rapport.

Out of 347,307 live births in Canada in 1948, there were 510 maternal deaths—a rate of 1.5 per 1,000 live births. There has been a close relationship between the increase in hospitalization for childbirth and the rate of maternal deaths. During 10 years, the percentage of confinements in hospitals rose from 41 in 1939 to 72 in 1948. The findings show that the higher the percentage of births in hospitals, the lower the rate of fatal accidents to mothers. —*Annual Report, Department of National Health and Welfare.*

Annual Meeting in Prince Edward Island

The 29th annual meeting of the Association of Nurses of Prince Edward Island was held on November 14, 1950, at Charlottetown, with a registration of over 80 members.

The president, Mrs. Lois R. MacDonald, was in the chair. In her address, the president reviewed briefly the history of the association since the time in May, 1921, when a number of graduate nurses met to organize as an association and to draw up a constitution and by-laws, down to the present day. The membership is now well over 500 and the Licensing Act is in force. The president went on to speak of the benefits of a Licensing Act and our growing professional responsibilities, both locally and nationally.

The work of the provincial association over the past year can best be summed up in the reports of the registrar, the committees, and the Community Nursing Registry.

Membership: As the first year under the new Licensing Act is not complete, the following statistics for registration and licence are for 10 months only:

Total membership in the Association—551

Membership by previous registration	—447
Membership by reciprocity	— 44
Membership by examination	— 38
Membership by waiver	— 21
Total practising members	—313
Total non-practising members	—115
Total non-resident members	—123

In total membership, the number of graduates of schools of nursing outside the province is 106:

Graduates from Nova Scotia	— 20
" " New Brunswick	— 19
" " Ontario	— 13
" " Quebec	— 11
" " British Columbia	— 2
" " Manitoba	— 2
" " Alberta	— 1
" " Saskatchewan	— 1
" " United States	— 36
" " England	— 1

During the 10 months of the present year, the practising membership for the provincial association under the Licensing Act has increased 81 per cent over last year.

Legislation Committee: The Legislation Committee has been the most active of the committees since the last annual meeting. In December, 1949, a special meeting of the association was called to consider the proposed by-laws as presented by the Legislation Committee. After a few changes, they were submitted to and approved by the Lieutenant Governor in Council. Thus, the new Act and the by-laws were ready to function at the same time on January 1, 1950.

Health Planning Committee: Thanks to the Government Grant which this committee was instrumental in obtaining, the association was able to procure the services of Miss Madalene M. Baker who did a magnificent piece of work in setting up the provincial office, putting the provisions of the new Act into effect, and starting the Community Nursing Registry. The work is now being carried on by a full-time secretary-registrar who is also the nursing school adviser.

Educational Policy Committee: The committee has started to draw up an outline for a minimum curriculum for use in the nursing schools in this province. Beginning in 1950, a register will be kept of student nurses who obtain from the committee a Certificate of Competency. Junior students wrote their qualifying examinations for the first time.

The three sections—private nursing, institutional, and public health—have each sponsored programs in their own sphere of activity. The public health group met to discuss and demonstrate after-care of the poliomyelitis patient with a view to giving instructions to parents who are taking care of patients at home.

Following the afternoon session, a well-attended dinner was held. The guest speaker was Dr. Lloyd Shaw, Deputy Minister and Director of Education. He spoke of education in its various phases and stressed that nurses should not confine their talents to their professional work, but should seek education and knowledge in other fields and keep up at least one interest or hobby. In this way, he said, they brought more to their work, developed a fuller life for themselves, and so were better citizens of their community.

The evening session began with a paper on "Newer Trends in Nursing Education" by Sister John the Baptist. The subject was clearly and concisely discussed and was heard with a great deal of interest.

The Community Nursing Registry, which was organized in March, 1950, reported on its activities to date. The call-board is in the provincial office and during the day the provincial office personnel is responsible. Over a period of eight months, 105 applied for membership. There were 48 resignations during that time with an average of 60 nurses each month actively on duty and an average of 5 per cent of the calls unfilled. In April, the private nursing group increased their fee to $6.00 for the 8-hour period of duty. It was decided at this meeting that future annual meetings will be held in October.

MURIEL ARCHIBALD,
Secretary-Registrar

War Memorial Committee Meets Some Needs

APPRECIATING THE VALUE to a nursing association of being able to produce multiple copies of material speedily and accurately, the War Memorial Committee requested Miss Gertrude Hall, general secretary, Canadian Nurses' Association, to enquire from some of the national executive secretaries of European nurses' associations regarding their need for mimeographing machinery and supplies. A survey of the replies indicated that most of the groups were well equipped, with the exception of the French and German nurses. Through the splendid cooperation of Gestetner (Canada) Limited, two of their latest models were safely delivered to Paris and Hamburg, together with a large quantity of paper, stencils, ink, etc.

The accompanying picture shows Schwester Ruth Schramm, executive secretary of the Deutsche Schwesterngemeinschaft, (*at right*) and her colleague operating the "Canadian Baby," as they have named the precious machine. She wrote:

> We are quite overwhelmed by the beautiful present. We wished, that you would have been with us to hear our explorations about this wonder of machine! That we German nurses got such a lovely present from the Canadian nurses is so delightful that we do not know how we can thank you enough. We had great fun and excitement, when we were taught to manage the machine. I hope, that you saw there in Montreal one of these machines, because it is really a scientific work of man. With few manipulations the machine starts to work and is lighted by a little lamp, so that one can see very well. It is so exciting, how the paper is taken by the one side, rolls over the stencil and comes out on the other side with the printment on the paper. We three nurses in the bureau learned how to serve the machine. We think we will have a marvellous use of it.
>
> What can we do for the Canadian nurses, so that they will feel, how thankful we are for this large gift? Please be so kind and give our thankful regards to them and let them know what a great joy it gave to us, because we can need the Mimeograph very well for our work.

Mlle A. Clamageran, president of the

(*continued on page 213*)

Student Nurses

Neurosyphilis

LOLA MANION

Average reading time — 4 min. 48 sec.

SYPHILIS HAS often been called "the great deceiver." This case history bears out the truth of that statement and shows how an attractive, apparently healthy woman required repeated hospitalization as the disease invaded one part of her body then another, with gradual deterioration. Mrs. Thom knows what is causing her trouble but pretends that she does not. Her social standing is high in her own community and her host of friends are solicitous over her increasingly poor health. They do not know, nor do her two daughters, now happily married, that the true diagnosis is central nervous system lues.

The history of repeated illnesses goes back to 1945 when Mrs. Thom was admitted to hospital complaining of severe pain in her head and left posterior chest. She felt nauseated, had frequent spells of dizziness, and suffered general malaise. Though the diagnosis on admission was frontal sinusitis, all the tests, including laboratory examination of the cerebrospinal fluid and an x-ray of the chest, were essentially negative. Treatment consisted of rest and sedation. The relief from the frontal headaches made Mrs. Thom feel "as if a weight had been lifted off my head." The final diagnosis was noted as neurasthenia.

Several other visits to hospital with similar complaints are reported before the occasion in October, 1948, when the fact she had had syphilis for some time was eventually revealed. The headaches of which she had been complaining for three years had become much worse and were accompanied by nausea and vomiting. Mrs. Thom also reported scanty and irregular menstrual periods accompanied by hot flushes. The physical examination revealed that her blood pressure was normal. However, pale optic discs and sluggish pupils suggested syphilis which the laboratory tests confirmed. The C.S.F. Wassermann was positive in 1 cc., in 0.6 cc., negative in 0.1 cc. dilutions. The C.S.F. pressure was 180 with clear, colorless fluid, proteins 25 mgm.%, Pandy's test negative, cell count 0.

Examination in the ophthalmic department showed that there were numerous colloid deposits at the left macular area. Both nerve heads were pale. Bifocal glasses were ordered. Estrogen therapy was suggested to provide the necessary endocrine balance. The diagnosis on discharge was tertiary stage neurosyphilis.

When Mrs. Thom was admitted to hospital in February, 1950, she was agitated and depressed. The signs revealed by the physical examination were more pronounced—a snapping aortic sound with a suggestion of an Austin Flint murmur; bilateral optic atrophy with practically fixed pupils. She had great difficulty standing with her feet together and eyes closed (Romberg's sign). Lumbar puncture showed an initial pressure of 285, a final pressure of 174. The fluid was clear with a few cells.

The primary purpose of this admission was to discover if Mrs. Thom had a (1) luetic gastrointestinal syndrome; (2) luetic cardiac decompensation, in addition to her central nervous system lues. The barium

Miss Manion is a student nurse at the Hotel Dieu Hospital, Cornwall, Ont.

drink x-ray demonstrated that there was no disease in the gastrointestinal tract. However, there was probable minimal involvement of the aortic valve.

My first contact with Mrs. Thom was in April, 1950. She was admitted by stretcher, complaining of acute nausea and dizziness for the past ten days, with frequent emesis. Except for pus cells, the urinalysis was normal, as were all the blood tests, excepting the Wassermann which was positive.

On this occasion she was seen by a psychiatrist. She did not appear to be depressed but admitted having crying spells and having lost considerable interest in things around her. Although she knew the real cause of her illness, she refused to recognize it and imagined that anything from tuberculosis to cancer was ailing her. It was too late for any specific treatment to cure her.

Each morning she was given a bed bath and alcohol rub. She had an ice-cap to her head to relieve pain—occasionally she refused it. She rested as much as possible. When the headache became too intense she was given a sedative. This relieved her pain and induced sleep which she felt she needed so badly. Her appetite, that had been poor on admission, gradually returned with a little coaxing and care that her trays were attractive. Everything possible was done to counteract her frequent depression. No specific treatment was ordered.

The progress Mrs. Thom makes while she is in hospital is always rapid. However, since this disease was not discovered until it was in an advanced stage, recurrence of the symptoms and relapses into depression are to be expected. Rest and sedation are the only treatments which can be used. She was instructed to take life easy, avoid anything that tended to upset her nerves, try to keep things on an even keel. Reading was suggested as a diversion.

I have learned many things from this study:

1. A yearly physical examination is important, particularly a premarital check-up, in order to prevent the spread of the venereal diseases.

2. Syphilis is non-infectious in the third stage.

3. Those affected with neurosyphilis must have periodic observations throughout life. It is the syphilitic who thinks he is cured who may develop serious complications later.

4. The importance of the public health services maintained by our government for the purpose of finding, controlling, and preventing venereal disease. Had this patient's condition been found many years earlier, treatment could have been started and the sorry consequences of neglect avoided.

5. A more positive understanding of the anatomy and physiology of the central nervous system. I needed to re-learn these points in order to have a correct mental picture of the extent of this patient's disease.

6. Psychiatric training will enable me more adequately to deal with depression in my patients. I am looking forward to my period of affiliation at the psychiatric hospital.

(*continued from page 211*)

French nurses' association, wrote, "Please let me tell you all our appreciation for your kindness. The duplicating machine will be of greatest help for us, and will allow us to give more efficiency to our work."

The nurses of Norway wrote that they were greatly in need of a typewriter—but the only kind they would be allowed to import was a *used* one. After verifying this curious restriction through the Norwegian Consulate, it was decided to have one of the machines in use at the office of the Canadian Nurses' Association thoroughly overhauled for shipment. A new typewriter was then purchased for our own National Office. Miss Elisabeth Ordrop, president of the Norsk Sykepleierskeforbund, acknowledged the safe arrival of the machine, writing, "We are not able to express our great surprise and thankfulness for this very, very precious gift."

More news of other acknowledgements next month.

The Ideal Hospital

Tomorrow's hospitals will speed rehabilitation of the sick in an atmosphere combining the latest in comfort and convenience with efficiency, it is revealed in a recently conducted survey on hospital trends among administrators.

The hypothetical "Hospital of Tomorrow" will be a building of functional modern design, featuring privacy for patients, eye-appealing color schemes, and indoor climate control, reports Bern Benson, director of the hospital division of Minneapolis-Honeywell Regulator Company.

The virtual elimination of wards in favor of private and two-bed hospital rooms climaxes a trend toward patient privacy that started at the turn of the century. Less than 1 per cent voted for wards.

Two factors considered most essential to the welfare and contentment of the patient by almost 95 per cent were more imaginative, colorful interior decoration treatments and individual room temperature control. Mr. Benson explained the preference for the latter by pointing out that ideal room temperature varies according to disease, age, sex and disposition—each requiring personal adjustments. Radiant panel heating and baseboard radiators were an overwhelming choice over old-fashioned radiators. Casement windows with projected sills were preferred by more than 50 per cent.

The administrators were in close agreement on the advantages of a central system of oxygen distribution with outlets in various rooms.

Book Reviews

Aids to Anatomy and Physiology for Nurses, by Katharine F. Armstrong, S.R.N.,S.C.M., D.N. (Lond.). 452 pages. Published by Baillière, Tindall & Cox, London, Eng. Canadian agents: The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 4th Ed. 1949. Illustrated. Price $1.15.

Reviewed by Violet Edmonson, Technician in Histology, Department of Anatomy, University of Manitoba.

To those who are acquainted with Miss Armstrong's "Aids to Anatomy and Physiology" the appearance of that volume in a fourth edition will be most welcome and timely. While primarily intended to cover the syllabus of the General Nursing Council of England and Wales, its contents will be found of much value and help to the nurse on this side of the Atlantic as well.

A commendable feature of the text is the combination in the same chapter, wherever possible, of anatomical and physiological data, a feature which should constantly remind the reader of the inseparability of form and function.

In this new edition the sections on vitamins and ductless glands have been revised and some x-ray photographs and new diagrams have been added.

The arrangement of the chapters is logical and the illustrations are clear and well executed; the quality of the paper and print is good. The fact that new terms, as they are introduced, are printed in bold type is helpful, especially to the reader who is reviewing for examinations. Perhaps one of the most attractive aspects of this book is its modest price which brings its acquisition within the realm of possibility to the undergraduate who is seeking some reasonably priced book which covers all the essentials of this topic.

Diseases of the Eye, Ear, Nose and Throat—A Textbook for Nurses, by Albert P. Seltzer, M.D., Sc.D. (Med.), F.I.C.S., F.A.C.S. 347 pages. Published by McGraw-Hill Co. of Canada Ltd., 50 York St., Toronto 1. 1950. Illustrated. Price $4.85.

Reviewed by Audrey M. Beckett, Head Nurse, Eye, Ear, Nose and Throat Ward, Regina General Hospital.

After many years of study and teaching of the eye, ear, nose and throat diseases, the author is well qualified to write such a book. Throughout, the student nurse is given under-

standing and knowledge of the structure and function of the special sense organs which enable her to do her work with intelligence.

It is the surgeon's duty to diagnose the case and outline the treatment, but it is the nurse's duty to have a thorough understanding of the part to be treated, whether it be the eye, ear, nose or throat; to carry out the treatment as prescribed; to know why such care is being carried out; and to know the prospective outcome as well as the result of improper treatment.

The material in this book is well organized. The chapters are divided in sections with clear, heavily-printed headings. Each topic is emphasized by italics. The style and size of print makes it easy to read. The illustrations might be improved by enlargement and color as these are of invaluable assistance to the student nurse as well as to the graduate.

Some topics of importance are:

1. Work being done in the doctor's office and clinic, including equipment. The students in most hospital schools have little knowledge of this work.

2. A thorough review of the anatomy and embryology, with words fully explained in brackets, is given including: (a) eye; (b) nose and accessory sinuses; (c) mouth; (d) throat and esophagus; (e) larynx and ears.

3. Special methods of medical care, as well as surgical technique in the preparation and care of the operating room, including instruments generally used in cases. Preoperative and post-operative treatment and nursing care are also given.

4. A section on x-ray technique, including the sinuses as well as recent information on the therapeutic use of the sulfonamides and antibiotics.

I found the book most interesting but it is one that has to be read slowly to absorb it in full detail. Therefore I would recommend it, not as a student textbook, but as one most valuable to nursing students as reference material, to the staff as a source of information, and to assist the teacher in preparing lectures.

Nutrition and Diet Therapy, by Fairfax T. Proudfit and Corinne Hogden Robinson. 950 pages. Published by The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 10th Ed. 1950. Illustrated. Price $4.00.
Reviewed by Margaret Ketchen, Director of Nutrition, Toronto General Hospital.

In Section I on Normal Nutrition the authors stress the importance of food in everyday living. The chapter on History of Nutrition is an interesting feature. The discussion of the good nutrients follows a clear-cut outline—as to classification, characteristics, digestion, daily allowances, food sources. Each chapter concludes with problems and review questions. Considerable space has been devoted to Feeding the Foreign Born and Safeguarding the Food Supply.

The authors have placed Diet during Pregnancy and Lactation and Feeding during Infancy, of Older Children, the Aged in a separate section instead of dealing with those subjects under diet therapy, which is to be commended.

Section III—Diet Therapy—indicates that the trend is towards newer developments. Therapeutic diets should entail the least possible modification of the normal diet.

In Section IV, dealing with The Practical Application of Nutrition—Elementary Cookery, we find the discussion of food and its preparation. It would be an advantage to have the recipes for the particular foods follow the discussion rather than being set apart.

The appendix contains numerous pages of valuable tabular material—composition of foods, carbohydrate content, sodium content, average height and weight tables, an outline for nutrition and cookery courses, the diet therapy courses, and also an extensive bibliography. This book will serve as useful reference material to those who are concerned with normal nutrition and diet therapy courses.

Practical First Aid, by C. S. Salsbury, D.C.M., E.D., M.D. 320 pages. Published by The Ryerson Press, 299 Queen St. W., Toronto 2B. 1950. Illustrated. Price $2.50.
Reviewed by Hattie MacLaine, Supervisor, D.V.A. Dept., Prince Edward Island Hospital.

The author of this book has given laymen as well as professional people a very clear picture of first aid work, beginning with the simplest of lacerations to the exciting experience of a confinement case in a taxi or ambulance.

It deals first with the anatomy and then very clearly teaches the proper first aid methods of treatment for injuries associated with those tissues. The cases are presented clearly and are well illustrated.

This book could be used in giving instruction to student nurses as well as reading for

nurses engaged in any branch of the profession. It would be a valuable book in any hospital or public library.

Public Health is People—An institute on mental health in public health held at Berkeley, Calif., 1948, by Ethel L. Ginsburg. 241 pages. Published by The Commonwealth Fund, 41 East 57th St., New York City 22. 1950. Price (in U.S.A.) $1.75.

Reviewed by M. A. Rutherford, Regional Supervisor, Division of Public Health Nursing, Ontario Department of Health.

This book differs from most textbooks on public health in that it is the actual record of a two-week institute on mental health in public health, for medical officers of health of California, held in 1948.

New concepts of all phases of public health work are brought out. Some of the purposes of this institute, as shown in the summaries of each day's formal lectures, clinics, and discussion sessions, are: that public health workers in their everyday activities can promote mental health within the community; that mental health concepts can be incorporated into staff development programs.

The new understanding of the meaning of public health was reached by the medical officers themselves, at their last meeting of the institute: "Public health is more than sanitation and the control of communicable diseases—*public health is people.* This concept should be accepted and practised by all public health workers."

The record is stimulating, interesting, and easy to read. It is highly recommended to every medical officer of health and public health nurse in Canada.

The Sociology of the Patient—A Textbook for Nurses, by Earl Lomon Koos, Ph.D. 264 pages. Published by McGraw-Hill Co. of Canada Ltd., 50 York St., Toronto 1. 1950. Illustrated. Price $3.65.

Reviewed by Elva W. Pool, formerly Instructor of Nurses, Vancouver General Hospital.

The author has succeeded in presenting a text that should give the student nurse a practical knowledge of sociology. The material is presented in a clear, interesting manner. The contents are neither too general nor too involved for the usually short course in sociology given in schools of nursing. The student is directly shown her need of information regarding each phase.

In Part One an introduction is made to groups, institutions, and culture. Their effect on the individual is brought to light in observing the change brought about during socialization—"Original nature+maturation +socialization = personality." This is followed by some factors which bring about personality disorganization.

Part Two outlines family structure and function. Mention is also made of the effects of changes in culture upon the family; of the importance to the individual in having a family which carries out its functions. The nurses' special responsibilities are listed as: "(1) To understand what the family needs to provide for each of its members; (2) to recognize the weaknesses and strengths in the family situation; (3) to know enough of community resources to be able to guide the family to proper sources of help." Part Two closes with a discussion on community, neighborhood, play, church, and school groups and their effect on the individual and the family.

Part Three begins with The Patient Gets a Living and includes income and wealth, regional and age differences in employment, problems of transient workers, and efforts to stabilize the position of the worker. The Patient's Mental Health reveals the extent of the problem in U.S.A. The social causes of ill health, the facilities for care, and an outline of the types of mental illness are also included. The social forces that contribute directly to the behavior of the patient—his habits, attitudes, superstitions, and place in the group—are illustrated so that the nurse should clearly see how they relate to the patient's adjustment to illness.

The functions of the hospital social worker are outlined, together with the nurse's relationship to social service. "The nurse is not a social worker; however, she has a key place in helping because of her strategic position in relation to the family when it is most vulnerable."

The book closes with some advice to the student. In addition to the physical care of the patient, the nurse must consciously perform her duty as an educator of that patient and as a leader in the social group of the ward.

I found this book the most inclusive of its kind. The subject matter seems practical and pertinent for junior student nurses. I would recommend it as a text for schools of nursing.

British Columbia

The following are staff changes in the Public Health Nursing Service, British Columbia Department of Health and Welfare:

Appointments: *Margaret Whillans* as senior public health nurse in Upper Is. health unit at Courtenay—*Audrey Stephenson* (University of Alberta Hospital and public health nursing degree course) to same unit at Campbell River; *Sybil Stuart* (Royal Jubilee Hosp., Victoria, and University of British Columbia public health course) and *Joan Anderson* (R.J.H., Victoria, and McGill University p.h.n. course) to South Okanagan Valley health unit at Kelowna; *Joan Sutcliffe* (Winnipeg Gen. Hosp. and U.B.C. p.h.n. course) to North Okanagan Valley health unit at Vernon; *Ann Olson* (Royal Inland Hosp., Kamloops, and U.B.C. p.h.n. course) to Upper Fraser Valley health unit at Chilliwack; *Alison Neilans* (R.J.H., Victoria, and U.B.C. p.h.n. course) to North Fraser Valley health unit at Mission; *Christine Boland* (Providence Free Hosp., Lancashire, Eng., and U.B.C. p.h.n. course) to Coquitlam-Ioco-Moody area of Simon Fraser health unit.

Mary McNair (Vancouver Gen. Hosp. and U.B.C. degree course in p.h.n.) to Central Vancouver Is. health unit at Nanaimo—*Virginia Cline* (Hosp. for Sick Children, Toronto, and University of Toronto p.h.n. course) to Qualicum area of same unit; *Dorothy Deeble* (St. Paul's Hosp., Vancouver, and U.B.C. certificate course) to Saanich and South Vancouver Is. health unit in Langford area—*Christine Humble* (R.J.H., Victoria, and U.B.C. p.h.n. course) to Ganges, Salt Spring Is., of same unit; *Ruby Dunn* (Regina Gen. Hosp. and U.B.C. p.h.n. course) to Slocan public health nursing district, with headquarters at New Denver; *Bruna Facchin* (St. Paul's Hosp. and U.B.C. p.h.n. course) to Burns Lake; *Shirley Robinson* (Royal Columbian Hosp., New Westminster, and U.B.C. p.h.n. course) to Nakusp; *Lenna Richardson* (Hamilton Gen. Hosp.; University of Western Ontario p.h.n. course; McGill University administration and p.h.n. course) to Trail-Rossland health unit; *June Cornell* (Vancouver Gen. Hosp. and U.B.C. p.h.n. course) to Rossland; *Margene Clarke* (University of Toronto School of Nursing and U. of T. p.h.n. degree course) to Trail; *Marjorie MacLaughlin* (St. Paul's Hosp., Vancouver, and U.B.C. p.h.n. course) to Powell River, on exchange from Metropolitan Health Committee, Vancouver; *Shirley Scanlan* (Royal Victoria Hosp., Montreal, and U. of T. p.h.n. course) and *Elizabeth Ferrie* (R.J.H., Victoria) to Kamloops; *Isabel Anderson* (Royal Alexandra Hosp., Edmonton) to Peace River health unit at Dawson Creek; *Eda Edwards* (V.G.H.) to Prince Rupert health unit at Terrace; *Olive Clancy* (R.C.H., New Westminster, and U.B.C. p.h.n. course) to Surrey; *Susie Jones* to Gibsons public health nursing service, following completion of degree course at U.B.C.

Transfers: *Eva Moody* from Upper Is. health unit at Courtenay to be assistant superintendent of nurses at Tranquille; *Joan Morison* from North Okanagan health unit at Revelstoke to be senior nurse in Peace River health unit; *Joan Russell* from Qualicum area of Central Vancouver Is. health unit to be senior nurse in North Okanagan health unit at Vernon; *Norah Wood* from Slocan to be senior nurse in East Kootenay health unit; *Doris Carter* from East Kootenay health unit to be senior nurse in Matsqui-Sumas-Abbotsford area; *Viola Davies* from Division of T.B. Control to Alberni Canal district of Central Vancouver Is. health unit; *Alice Beattie* from Division of V.D. Control to West Kootenay public health service as supervisor; *Jean Ciceri* to Saanich and South Vancouver Is. health unit; *Joyce Driver* to North Fraser Valley health unit at Haney; *Irene Stewart* from Arrow Lakes public health service to South Okanagan health unit at Summerland; *Joan Appleton* from *Summerland* to Penticton; *Signe Johnson* from South Okanagan health unit to Simon Fraser health unit, New Westminster; *Gwen Oxley* from South Okanagan health unit at Kelowna to Hope; *Norma Tucker* from South Okanagan health unit at Princeton to Central Vancouver Is. health unit at Port Alberni; *Miriam Cressman* from Burns Lake to Castlegar.

Leaves of Absence: *Margaret Cammaert*, supervisor, West Kootenay public health service, to attend Johns Hopkins University to take the degree of Master of Public Health; *Frances Neighbor, Edith Fowler* from Cariboo health unit at Prince George, *Beverley McNair* from Surrey, *Joyce Harrington* from Saanich and South Vancouver Is. health unit, and *Janet MacLennan* from North Fraser Valley health unit at Haney to take the p.h.n. certificate course at U.B.C.; *Muriel Treece*

ROYAL VICTORIA HOSPITAL

School of Nursing, Montreal

COURSES FOR GRADUATE NURSES

1. A four-month clinical course in **Obstetrical Nursing.**
2. A two-month clinical course in **Gynecological Nursing.**

Salary—After second month at General Staff rates.

For information apply to:

Director of Nursing
Royal Victoria Hospital
Montreal 2, Que.

THE MOUNTAIN SANATORIUM HAMILTON, ONTARIO

TWO-MONTH POST-GRADUATE COURSE IN THE IMMUNOLOGY, PREVENTION, AND TREATMENT OF TUBERCULOSIS.

This course is especially valuable to those contemplating Public Health, Industrial, or Tuberculosis Nursing.

For further information apply to:

Superintendent of Nurses,
Mountain Sanatorium,
Hamilton, Ontario.

from North Fraser health unit at Mission to take the p.h.n. certificate course at McGill School for Graduate Nurses; *Edna Bjelland* from Matsqui-Sumas-Abbotsford public health service and *Anne Wiens* from Peace River health unit to attend U.B.C.

Resignations: *Dorothy Irwin* as senior public health nurse in Matsqui-Sumas-Abbotsford area; *Grace White* as senior public health nurse in North Okanagan health unit; *Mary Maclean* from Gibsons public health nursing service; *Marjorie Leach* from Peace River health unit; *Catherine Spark* from Upper Is. health unit at Campbell River; *Betty (Elliot) Hoyem* from Coquitlam-Ioco-Moody area of Simon Fraser health unit; *Mary (Greenfield) Blackstock* from Peace River health unit at Fort St. John; *Aileen Bond* from Peace River health unit; *Barbara Baird* from Rossland; *Jean McAllister* from Trail; *Doris Bullock* from Division of T.B. Control; *Kay Comerford* from Castlegar; *Olive Smith* from Saanich and South Vancouver Is. health unit to return to Ontario; *Shirley (Norwood) Anderson* from Kamloops; *Edith Bowron* from North Fraser Valley health unit at Mission; *Jessie Urie* and *Dora LeQuesne.*

M.L.I.C. Nursing Service

The following are changes in the staff of the Metropolitan Life Insurance Company Nursing Service:

Retirements—*Jeannette Bolduc,* who joined the staff in 1920, serving in Quebec City; *Adrienne St. Onge,* who joined the staff in 1929, serving in Montreal.

Resignations—*Alice Comtois* and *Berthe Poirier* from Montreal; *Paula Yelle* from Three Rivers, Que.

News Notes

ALBERTA

EDMONTON

Royal Alexandra Hospital

Mrs. J. Oliver was re-elected president of the alumnae association at the annual meeting. The vice-presidents are Mmes M. G. McCallum and A. D. Boutillier while Mmes A. McDonald and A. McPhee will service as

recording and corresponding secretaries. The treasurer is Mrs. A. Dunaway. Additional members on the executive include: A. Anderson, M. Edgar, M. Goulding, E. Forestell, M. Griffith, V. Chapman, M. Fraser, A. Wilson, Mmes R. D. Ferrier, S. McLeay.

BRITISH COLUMBIA

ABBOTSFORD

Mrs. K. Blanchard's home was the scene of the annual meeting of Matsqui-Sumas-Abbotsford Chapter when Mrs. M. Tucker, secretary, reported that ten meetings had been held during 1950, the average attendance being 15. At past meetings Mrs. T. Skillicorn and P. Harwood gave accounts of the C.N.A. biennial convention held in Vancouver; an entertaining talk was given by Mrs. H. E. Cannon on her impressions of Edinburgh, Scotland, where she resided for a year. Ferne Trout, R.N.A.B.C. itinerant instructor, gave three lectures in October at the M.S.A. Hospital on current developments, new trends and methods in nursing.

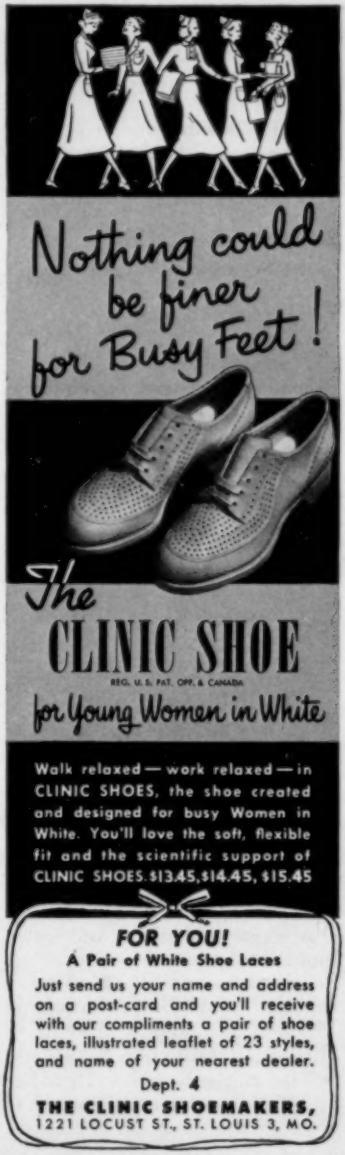
Other activities included: A bowling party; a visit to the Crease Clinic at the Provincial Mental Hospital; the annual fall tea and raffle, netting $209; a turkey supper, when Tena Epp was given a cheque for $100 to go towards her expenses as a student nurse; representation of the chapter in the Dominion Day and Fair Day parades. A wreath was laid at the Cenotaph on Armistice Day. Ten dollars was donated to the Conquer Cancer Fund. A fund has been made available for special nurses' fees when the patient is unable to pay. The members unanimously voted to give $75 to a future nurse who had been accepted in the January class of a school of nursing but was unable to raise all of the enrolment fees.

The 1951 executive includes the following members: President, Kirsten Nelson; vice-president, D. Carter; secretary, Mrs. M. Tucker; treasurer, Mrs. W. Meagher. Committee conveners: Refreshment, Mrs. D. Swift; program, Mrs. L. Leoppky; ways and means, Mrs. B. Piper; visiting, Mrs. W. Wright; *The Canadian Nurse* and press representative, Mrs. F. Lillies.

LADYSMITH

At the quarterly meeting of Cowichan-Newcastle Chapter 45 nurses attended, representing the towns of Duncan, Chemainus, and Ladysmith. E. Stewart presided. Business included discussion on the problems in registration and civil defence. Reports were heard from each town on the part nurses might be expected to play. Chemainus appeared to be much ahead in their organization, having had "Operation Mercy" sponsored by the Red Cross. To assist in understanding some of the problems connected with registration, Alice Wright, R.N.A.B.C. executive secretary, is to attend the next meeting in Chemainus.

For their social hour, the nurses enjoyed a change from their usual lectures on medical subjects. D. B. Quayle, M.A., Ph.D., direc-


Nothing could be finer for Busy Feet!
The CLINIC SHOE
REG. U. S. PAT. OFF. & CANADA
for Young Women in White
Walk relaxed — work relaxed — in CLINIC SHOES, the shoe created and designed for busy Women in White. You'll love the soft, flexible fit and the scientific support of CLINIC SHOES. $13.45, $14.45, $15.45
FOR YOU!
A Pair of White Shoe Laces
Just send us your name and address on a post-card and you'll receive with our compliments a pair of shoe laces, illustrated leaflet of 23 styles, and name of your nearest dealer.
Dept. 4
THE CLINIC SHOEMAKERS,
1221 LOCUST ST., ST. LOUIS 3, MO.

UNIVERSITY OF MANITOBA

POST-GRADUATE COURSES FOR NURSES

The following one-year certificate courses are offered:

1. **Public Health Nursing.**
2. **Teaching and Supervision in Schools of Nursing.**

For further information apply to:

Director
School of Nursing Education
University of Manitoba
Winnipeg, Man.

WINNIPEG GENERAL HOSPITAL

Offers to qualified Registered Graduate Nurses the following:

• A six-month **Clinical Course in Obstetrics,** including lectures, demonstrations, nursing classes, and field trips. Four months will be given in basic Obstetric Nursing and two months of supervisory practice in Supervision, Ward Administration, and Clinical Teaching. Maintenance and a reasonable stipend after the first month.

• The course began on ***October 1, 1950.*** Enrolment is limited to six students every three months.

For further information write to:

Supt. of Nurses, General Hospital, Winnipeg, Man.

tor, Provincial Shellfish Laboratory, gave a talk on "The Ocean."

New Westminster

Royal Columbian Hospital

The September class was the largest group of student nurses to receive their caps at a "capping" ceremony held in January. During the brief, impressive service, each of the 40 girls came forward alone to receive her cap from Eleanor Graham, director of nursing, and to have her white taper lighted symbolically by her "big sister"—a senior nurse. Mrs. G. L. Cassady, chairman of the training school committee, presided. Capping was preceded by an invocation by Dr. W. B. Willan and followed by recitation of the Nightingale Pledge and singing of a hymn by the class. Mary Lockhart welcomed the new members on behalf of the Student Nurses' Council and Marion Dilworth responded.

Among those receiving caps was Marguerite Shipman of Aklavik, N.W.T., who was supervisor of the Anglican residential mission school there for two years before enrolling at the hospital. Kazuko Tekahashi and May Wong are two of the first Japanese- and Chinese-Canadians to train at the hospital for several years.

Port Alberni

An interesting report of the year's activities was presented by the past president, Mrs. L. Caldwell, at a meeting of Alberni Valley Chapter. The secretary revealed that there was a balance of $94.93. A successful Christmas party, with 68 members present, netted $42.85 which will be used to purchase a piece of equipment for the new hospital. The average monthly attendance at meetings has been 36.

The following members will serve on the executive during the coming months: President, Hulde Laycock; vice-president, Mrs. T. Jones; secretary, M. Dunbar; treasurer, A. Patterson.

Vancouver

The General Hospital was the scene of a meeting of the Vancouver Chapter arranged by the public health nurses. Following the business session, Mrs. M. Campbell, committee chairman, introduced the program. The Metropolitan Health Committee presented a playlet, with commentary by M. Lithgow. Mrs. D. Murray introduced a film, presented by the industrial nurses on the subject of "Workmen's Compensation." The film was produced in Vancouver. The humor of the evening was supplied by the V.O.N. nurses who presented a skit on "A Day with the V.O.N." L. Miller was the commentator.

Victoria

It was decided at the January meeting of Victoria Chapter that the awards given to the graduating classes of the two schools of nursing would be as follows: (1) An award of $25 to the member of the graduating class

of Royal Jubilee Hospital attaining the highest marks in psychiatry; (2) an award of $25 to the member of the graduating class of St. Joseph's Hospital attaining the highest marks in theoretical and practical work in operating room technique.

The following officers were elected at the annual meeting: President, Mrs. Ruth Brown; vice-presidents, J. Jamieson, Sr. M. Lucita; recording and corresponding secretaries, S. L. Bishop, Mrs. D. Daxre; treasurer, E. Dunne. Committee conveners: Program, I. Tuck; social, L. Foster; membership, Mrs. T. Randall; phone, Mrs. J. H. Russell. Representatives to: Press, Mrs. J. Mann; *The Canadian Nurse*, O. Manarin; private duty, Mrs. Randall; institutional nursing, B. Davis; public health, I. Neilson.

MANITOBA

BRANDON

The Association of Graduate Nurses was represented by 45 members at a recent meeting when their guests were the students of the Class of 1951 of the General Hospital. A. Bennett reported on the sales of the hospital cook-book while Mrs. D. Speakman said that the married nurses' section had contributed $25 to the mattress fund, started by M. Jackson for the nurses' residence, and $10 to a Christmas box. B. Daniels urged that more members become subscribers to *The Canadian Nurse*. Mrs. L. Rutter replaces E. Cranna on the scholarship committee because of the latter's absence from the city for several months.

A. Colter introduced the guest speaker—Ina Broadfoot, director of nursing, Manitoba Division of the Red Cross. She told of the work being done by this society, especially in regard to the home nursing classes. A film was also shown—"Bathing the Patient in the Home."

General Hospital

Climaxing the four-month probationary period, 18 student nurses from the General Hospital were recently accepted into the school of nursing and received their caps at an impressive "capping" ceremony at St. Mary's Anglican Church. The candidates were presented to M. Jackson, superintendent of nurses, by L. Cook, nursing arts instructor. Miss Jackson, assisted by P. Donohoe, science instructor, placed the caps on each candidate whose candle was then lit by her "big sister"—a nurse entering her intermediate or senior year. The newly capped students and their "big sisters" then repeated the Nightingale Pledge.

E. MacKenzie, president of the student body, welcomed the students and B. Campbell responded, thanking the faculty and staff for their kindness and assistance. Canon H. L. Newton gave the invocation and closed with a prayer.

L. Cook, who is to be married, was entertained as guest of honor at a shower at the home of Mrs. E. Griffin and also at a theatre party held by the B.G.H. students and

THE BRITISH COLUMBIA CIVIL SERVICE *requires*—

PUBLIC HEALTH NURSES, GRADE I—(for the Department of Health & Welfare, Province of British Columbia).

Salary: $201.50 rising to $228 per mo. (including current Cost of Living Bonus).

Qualifications: Candidates must be eligible for registration in British Columbia and have completed a University degree or certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of the Province; cars are provided.)

Further information may be obtained from the *Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria.*

Candidates must be British Subjects, under 40 years of age, except in the case of ex-service women who are given preference, unmarried, or self-supporting. Application forms obtainable from all *Government Agencies, the Civil Service Commission, Weiler Bldg., Victoria,* or *636 Burrard St., Vancouver,* to be completed and returned to the **Chairman, Victoria.**

THE VICTORIAN ORDER OF NURSES FOR CANADA

Has vacancies for supervisory and staff nurses in various parts of Canada.

Applications will be welcomed from Registered Nurses with post-graduate preparation in public health nursing, with or without experience.

Registered Nurses without public health preparation will be considered for temporary employment.

Scholarships are offered to assist nurses to take public health courses.

Apply to:

Christine Livingston
Chief Superintendent
193 Sparks Street
Ottawa.

NOVA SCOTIA SANATORIUM
KENTVILLE **N.S.**

POST-GRADUATE COURSE IN TUBERCULOSIS NURSING

1. A two-month diploma course in supervised nursing experience, lecture, and demonstrations in all branches of **Tuberculosis Nursing.**
2. An extra month of specialized experience is offered to those nurses who wish to prepare themselves further for **Operating-Room work, Public Health Nursing, Industrial Nursing.**
3. This course is authorized by the **Department of Public Health** of which the Nova Scotia Sanatorium is a unit.

Remuneration and maintenance

NOVA SCOTIA CIVIL SERVICE COMMISSION

For particulars apply to Supt. of Nurses at Sanatorium.

McGill University
School for Graduate Nurses
1266 Pine Ave. W., **Montreal 25**

—Bachelor of Nursing Courses—

Two-year courses leading to the degree, Bachelor of Nursing. Opportunity is provided for specialization in field of choice, registering in any of the major fields indicated by asterisk.

—One-Year Certificate Courses—

* Teaching in Schools of Nursing.
* Administration in Schools of Nursing.
* Public Health Nursing.
* Administration and Supervision in Public Health Nursing.

Supervision in Psychiatric Nursing.
Supervision in Obstetrical Nursing.
Supervision in Paediatric Nursing.

THE CENTRAL REGISTRY OF GRADUATE NURSES, TORONTO

Furnish Nurses at any hour DAY or NIGHT

TELEPHONE Kingsdale 2136

Physicians' and Surgeons' Bldg., 86 Bloor Street, West, TORONTO 5.
JEAN C. BROWN, Reg. N.

affiliate students from the Mental Hospital. She was later presented with a gift of lamps.

NEW BRUNSWICK

EDMUNDSTON

The local chapter held their annual meeting at Hotel Dieu when the second vice-president, Annette Sormany, was in the chair. It was noted that during the past year the chapter had given donations of $100 each to the Manitoba and Cabano relief funds. Last fall C. Pichette gave the members an account of her trip to Europe. Plans are underway for the formation of a local registry.

The following officers were elected for the next two-year term: President, Grace Stevens; vice-presidents, A. Sormany, C. Pichette; secretary, R. Martin; treasurer, Mrs. E. Chandler; private nurses convener, B. Levesque; entertainment convener, Mrs. H. Emmerson.

SAINT JOHN

Faye Saunders, district superintendent of the Saint John branch, V.O.N., was elected president of the local chapter at the annual meeting. B. Selfridge, the retiring president, was in the chair and the meeting went on record as supporting the movement for developing the Falls View Park along the lines of the recent plan. Delegates were appointed to attend the annual meeting of the Local Council of Women.

The following officers were elected: Honorary president, E. J. Mitchell; vice-presidents, J. Stephenson, C. MacLeod; secretary and assistant, S. Hartley, Mrs. M. Anderson; treasurer, A. Gustavsen; auditors, F. Townsend, A. Carney. Committee conveners: Public health, A. McIntyre; institutional nursing, A. Ross; general duty, M. Downing, M. Palmer; registry, S. Wetmore; publicity, J. Lawson; program, Mrs. D. Burns; nurses' benefit, M. Lewis.

General Hospital

The executive of the alumnae association entertained at a tea in honor of M. Jane Stephenson, director of nursing. B. Selfridge, alumnae president, and Miss Stephenson received the guests. R. Wilson, M. Murdoch, Mmes E. Mooney and J. Vaughan presided

over the tea-table. Senior students assisted in serving.

The annual fall dance, sponsored by the senior intermediate class, took place in the nurses' residence, the theme being "Shine on Harvest Moon." Receiving the guests were Miss Stephenson, L. Peters, assistant director of nursing, and E. MacLeod, class president. A buffet luncheon was served under the director of E. Bayley, dietitian. Bridge was enjoyed by the staff, Miss Selfridge and Miss Stephenson being prize winners.

The annual Christmas formal dance, given by the senior group of student nurses, was a successful event. Miss Stephenson and B. Bonnell, class leader, received the guests. Dancing and refreshments were enjoyed.

D. Byers, B.A.Sc., a Vancouver General Hospital and U.B.C. graduate, has been appointed to the teaching staff as science instructor. A. Ross has returned as obstetrical supervisor after taking a post-graduate course in obstetrics and clinical supervision at McGill. D. Wilson is on the obstetrical staff. F. MacLaren and I. Henstis are taking a course in obstetrics at the Chicago Lying-In Hospital. N. Clark and M. Stuart have joined the operating room staff. B. Baker has resigned from that department to do post-graduate work in tuberculosis nursing at the Mountain Sanatorium, Hamilton.

St. Joseph's Hospital

The student nurses held a series of Christmas parties during the holiday season. The nurses' choral group entertained the patients with Christmas carols. The nurses were recipients of a gift of a record-player from the alumnae.

NOVA SCOTIA

LIVERPOOL

Marion Doyle, of Corner Brook, Nfld., and a graduate of St. Joseph's Hospital, Glace Bay, is now on the staff of Queens General Hospital. Since graduation she has been with a Newfoundland hospital.

TRURO

In the absence of the president, Mrs. A. McLellan, Mrs. G. Curtis conducted a recent meeting of the Colchester Branch, held at Colchester Co. Hospital. On display was the infant thermal-oxygen tent which the branch donated to the hospital. Jessie Smith, supervisor, maternity department, explained how the tent functioned. An engraved plaque has been placed on the tent. Appreciation for this valuable gift was expressed by Mrs. Curtis, superintendent of the hospital.

ONTARIO
DISTRICT 1

CHATHAM

A plaque and drinking fountain in memory of Edna Orr, who was supervisor of the operating room at the Public General Hospital from 1929 to 1941, when she joined the R.C.A.M.C., was presented to the hospital

When YOU were a Baby

Your mother probably gave you Steedman's Soothing Powders for babyhood upsets. For 100 years, mothers, doctors and nurses have known that Steedman's Powders quickly relieve colic, feverishness and other minor ills. 8 out of 10 druggists recommend Steedman's, too . . . the fastest-selling product of its kind in Canada. Safe, gentle, easy to give.

STEEDMAN'S
SOOTHING POWDERS
For Teething Babies

TORONTO HOSPITAL FOR TUBERCULOSIS

Weston, Ontario

THREE-MONTH POST-GRADUATE COURSE IN THE NURSING CARE, PREVENTION AND CONTROL OF TUBERCULOSIS

is offered to Registered Nurses. This includes organized theoretical instruction and supervised clinical experience in all departments.

Salary—$113 per month with full maintenance. Good living conditions. Positions available at conclusion of course.

For further particulars apply to:

Superintendent of Nurses, Toronto Hospital, Weston, Ontario.

NURSES' UNIFORMS

that are

INDIVIDUAL

Besides being correctly styled, Ella Skinner Uniforms have that superior quality and workmanship which through careful manufacture increases comfort and helps reduce fatigue. Through experience in fitting too Ella Skinner Uniforms last longer and retain their fine appearance.

Illustrated is Style No. 504. Fine tucking on bodice, serged seams, 2" hems, buttoned to below waist. Sanforized Poplin or Sharkskin. Sizes 32-40. Oversizes at nominal cost.

Write today, if you can't drop in. We shall be glad to mail you sketches.

We stock Phantom Nylon Stockings—White or Colours—All Sizes.

Ella Skinner UNIFORMS

770 Bathurst St., Toronto, Ont.

THE ASSOCIATION OF NURSES
of the
PROVINCE OF QUEBEC

The 1951 Spring Examinations for Provincial Registration will cover two groups of candidates and will be held as follows:

EXAMINATIONS FOR REGISTRATION —PART II:

Graduates desiring to qualify for a licence to practise will write on **April 16, 17 and 18, 1951.** Candidates will not be permitted to write these examinations until they have actually completed their training and hold the diploma of their school. *Applications must be received by March 20, 1951.*

EXAMINATIONS FOR REGISTRATION —PART I:

Students who will have completed their first year will enter the Examinations for Registration, Part I, which will be held on **March 12, 13, 14 and 15, 1951.** (Time to be announced in each school.) *Applications must be received by February 20, 1951.*

For application forms and all information relating to the examinations, apply to the headquarters of the Association.

MARGARET M. STREET, R.N.
Secretary-Registrar
Ste. 506 - 1538 Sherbrooke St. W., Montreal 25, Que.

by Dr. Walter F. and Mrs. Charteris and son, Dick. (See Nov. 1950 issue, p. 893.)

Districts 2 and 3

Stratford General Hospital

During the past year the alumnae association held two court whist parties and a dance to raise funds. In June the graduation class was entertained at a dinner and theatre party. Furniture was purchased for the nurses' dressing room in the new hospital while card tables were provided for the nurses' residence. The first minute book of the alumnae was rebound and placed in the library at the residence. Ill members were remembered at Christmas as were two missionary nurses—Misses Stewart and Durrant.

The following officers are serving for the coming months: Honorary president, A. Munn; president, Mrs. B. Hunbuch; vice-president, B. Mousseau; secretary, Mrs. B. Ische; treasurer, A. Woelffle; social committee, R. Cleland, M. Murr, Mmes Hill, Nelson, Ellison; flower and gift, Misses Hildreth, Hutchison; press representative, Mrs. Hunbuch; news reporter, Mrs. M. Stoskopf.

District 4

St. Catharines

At the Christmas meeting of Mack Training School Alumnae Association, Santa called and distributed gifts, following a delicious *smorgasbord* held at the Leonard Home for Nurses. Mildred Rundle, who has been matron at the Anglican Hospital in Pangnirtung, Baffin Land, N.W.T., for the past five years, told of her work with the people of the northern part of Canada. Miss Rundle reviewed her career from her first appointment some years ago at Aklavik.

At a later meeting Dr. J. K. Bell spoke on "Industrial Medicine and Nursing," describing the aspects of the various industrial health programs. Emily Purton, the president, was in the chair. Later refreshments were served by J. Turner and her assistants.

District 7

Brockville General Hospital

At the annual meeting of the alumnae association, Helen Corbett was re-elected president. The vice-presidents are Mrs. H. W. Greene and R. Carbery. The secretary is Mrs. H. Bishop, assisted by E. Thorpe while M. Gardiner will serve as treasurer. Some of the highlights of the past year's activities were: the annual supper; the nurses' graduation dinner at which Judge D. E. Lewis was the guest speaker; a picnic at the Bishops' cottage; and the annual bazaar.

Kingston

Ontario Hospital

The alumnae association held their annual meeting at Leahurst when it was decided to purchase a silver tea service for the nurses'

home. Jessie Chalmers has donated a silver coffee pot for the home, to be presented at a later date.

The officers for 1951 include: Honorary president, Mrs. D. Lynch; president, Mrs. M. Peters; vice-presidents, Mmes R. Lamb, L. Greenwood; secretary, Mrs. J. Mallen; treasurer, Mrs. M. Langsford. Committees: Social, Mmes Bernasconi, Halliday, Pomeroy, E. Shermer, Miss V. Durham; visiting, Mmes Scrutton, Loye; nominating, Mrs. D. Roach. Representatives to: Film Council, E. G. Smith, V. Durham; *The Canadian Nurse*, Mrs. C. White. Bulletin editor, Mrs. M. White. Councillors, Mmes Pomeroy, D. Newman, D. Ferguson, Silver, Shermer, Miss Durham.

District 8

Cornwall General Hospital

Ethel Allen's home was the scene of a meeting of the alumnae association. A future gathering will take the form of a dinner.

The following officers are serving for this year: Honorary members, Mrs. Boldick, M. Nephew; president, Mrs. M. MacNeil; vice-presidents, Mrs. H. Quart, Miss Warren; secretary, Miss Smith; treasurer, Mrs. J. Kilgour. Committee conveners: Membership, I. Hume; flowers and gift, E. Allen; social and program, E. Paul. Representatives to *The Canadian Nurse*, Mrs. E. Gunther; press, Mrs. E. Lagroix.

District 9

Sault Ste. Marie

The Board of Directors of the Plummer Memorial Hospital has accepted with regret the resignation of Eleda B. Walsh, for three and a half years superintendent of the hospital.

PRINCE EDWARD ISLAND

Katharine M. MacLennan, director of nursing, Provincial Sanatorium, Charlottetown, has been awarded a three-month scholarship to inspect the working of her branch of the profession in Great Britain.

QUEBEC

Sherbrooke

Helen Woodman was in the chair at the annual meeting of Sherbrooke Hospital Alumnae Association when the annual reports were given by Mmes G. Chisholm and S. Carr, showing a most successful year. Initial plans were made for a bridge, the proceeds to go towards the furnishing of the graduates' room in the new hospital. Jean Dunning, assistant superintendent, was voted an associate member of the alumnae. At the conclusion of business refreshments were served by Mmes Alexander, Hobbs, and J. Hopkins.

The following officers will serve for the coming year: Honorary president, V. Graham; president, Mrs. G. Vaudry; vice-presidents, Mrs. E. Lavallée, C. Bernard; recording and corresponding secretaries, Mmes E. Hobbs, M. Alexander; treasurer, Mrs. S. Carr. Additional officers: Mmes E. Taylor, N. Coates,

ORTHOPAEDIC NURSING

By Frederick J. Knocke and Lazella S. Knocke. A new text that is far ahead of the field. A distinguished group of authorities here give a clear-cut presentation of modern orthopaedics and modern orthopaedic nursing. Fundamentals are stressed. The nurse's important part is thoroughly described. 704 pages, 212 illustrations, 1951. $6.25.

PSYCHIATRIC NURSING

By Katharine McL. Steele and Marguerite L. Manfreda. "Psychiatric nurses must always remember the physical aspects of mental nursing, and it is in this area that this text excels."—Regina Driscoll in *The Foreword*. 584 pages, 91 illustrations. Fourth edition, 1950. $5.00.

THE RYERSON PRESS
TORONTO

REGISTRATION OF NURSES

Province of Ontario

•

EXAMINATION ANNOUNCEMENT

•

An examination for the Registration of Nurses in the Province of Ontario will be held on **May 16, 17 and 18, 1951.**

Application forms, information regarding subjects of examination and general information relating thereto, may be had upon written application to:

The Director
Division of Nurses Registration
Parliament Buildings, Toronto 2

MANHATTAN EYE, EAR AND THROAT HOSPITAL

- Announces a five-month supplementary ***Clinical Course*** (approved by the New York State Education Department) ***for Graduate Registered Nurses*** in the nursing care and treatment of diseases of the eye, ear, nose and throat. Operating room training is included in the course.
- During the entire period the student will receive a monthly stipend of **$60** and full maintenance.
- A pamphlet, detailing more complete information, will be sent upon request to:

Director of Nursing Service,
210 East 64th St.
New York City 21, N.Y.

EXAMINATIONS FOR REGISTRATION OF NURSES IN NOVA SCOTIA

To take place on **May 16, 17 and 18, 1951,** at **Halifax, Yarmouth, Amherst, Sydney,** and **Antigonish.** Requests for application forms should be made at once and forms *MUST BE* returned to the Registrar by **April 16, 1951,** together with: (1) Birth Certificate; (2) Provincial Grade XI Pass Certificate; (3) Diploma of School of Nursing; (4) Fee of $10.00.

No undergraduate may write unless he or she has passed successfully all final School of Nursing examinations, and is within six weeks of completion of the course of Nursing.

NANCY H. WATSON, R.N., Registrar
The Registered Nurses' Association of Nova Scotia
301 Barrington St., Halifax, N.S.

THAT ALL UNIFORMS CLOTHING AND OTHER BELONGINGS ARE MARKED WITH

CASH'S Loomwoven NAMES

Permanent, easy identification. Easily sewn on, or attached with No-So Cement. From dealers or CASH'S, Belleville 5, Ont.

CASH'S: 3 Doz. $1.80; 9 Doz. $3.00; NO-SO NAMES: 6 Doz. $2.40; 12 Doz. $3.50; 25c per tube

H. Leslie, Miss B. Boyd. Additional members to assist the president include: V. Graham, G. Wiggett, Mmes H. Leslie, H. Grundy, F. Stegmaier.

The annual Christmas dance, given by the hospital for the nursing staff and students, was held in the new residence. This is a new event as the nurses can now really enjoy their beautiful spacious home. Dancing and cards were enjoyed by those present.

MONTREAL

Herbert Reddy Memorial Hospital

Mrs. D. Rutherford was in the chair at a meeting of the alumnae association when the financial report of the past year was presented and new officers elected. The guest speaker was Mr. Claude Jarry whose talk was entitled "The Biology of a Play." Mr. Jarry was introduced by Mrs. Wolfson.

SASKATCHEWAN

SASKATOON

The Saskatoon Chapter sponsored a recital before a capacity audience, when Lois Marshall, the guest artist, was well received. Later Miss Marshall was guest of honor at a reception at the home of Dr. and Mrs. E. R. Peterson.

City Hospital

Several presentations were made to Mrs. J. E. Porteous, former director of nursing, prior to her departure for the east. The presentations were made at several functions given by the hospital staff and nurses, the alumnae association, the nursing sisters, the medical staff, and the Saskatoon Chapter. The student body expressed their good wishes and made a presentation at their Christmas festivities. The best wishes of all go with Mrs. Porteous.

Recent additions to the staff include: F. Buller, D. Gorr, J. Iverson, D. McFarquhar, B. Wilson, H. Warnock, and Mrs. D. Mayer. R. Russel was a visitor to the hospital from Vancouver.

St. Paul's Hospital

An educational program for the graduate staff included a lecture on "Orthopedics" by Dr. W. A. Costantini. An interesting travel film, shown through the courtesy of Greyhound Lines, Winnipeg, depicting a tour of the U.S.A., was much appreciated by the students in January. The students are grateful to Dr. E. H. McFadyen for his generosity in presenting the school with an obstetrical manikin at Christmas.

J. Lys, who has completed a course at the Margaret Hague Hospital, is now in Yorkton. E. Murphy, who has returned from Montreal from a course in pediatrics, is now in charge of the children's ward.

BERMUDA

The following officers will serve during the coming months for the King Edward VII Memorial Hospital Alumnae Association: President, Mrs. R. M. Brown, Harringay, Smith's Parish; vice-president, Mrs. F. Tite; secretary, Joan Ainsworth, nurses' residence; assistant secretary, Nea Smith; treasurer, Mrs. B. Ingham. Executive, Mmes J. Nunan, J. Richardson, Miss M. Smith. Committees: Visiting, Mrs. W. Stubbs (convener), B. Shirley, M. Butler; refreshment, Mmes K. Harding (convener), H. Pitman, Miss A. Tibbs.

Positions Vacant

Advertising Rates—$5.00 for 3 lines or less; $1.00 for each additional line.

Nursing Arts Instructor & Asst. Operating Room Supervisor for 200-bed hospital. 8-hr. day. 6-day wk. 1 mo. vacation annually. 8 statutory holidays. Apply, stating qualifications & salary expected, Director of Nursing, Greater Niagara General Hospital, Niagara Falls, Ont.

Instructor (qualified) for Training School for Nurses. 144-bed hospital (new hospital anticipated in near future). Good salary with full maintenance. Apply, stating qualifications, experience & salary expected, Supt., Aberdeen Hospital, New Glasgow, N.S.

Asst. Operating Room Supervisor with Post-Graduate Course. All-graduate staff in O. R. 8-hr. day. 11-day fortnight. 4 wks. holiday & 2 wks. sick time per annum. Apply Director of Nursing, Children's Memorial Hospital, 1615 Cedar Ave., Montreal 25, Que.

Operating Room Nurses & Labor Room Nurses. Graduate experience in O. R. or Obstetrics preferred. Beginning salary, meals & laundry: $135-160 per mo. depending on years of experience, post-graduate course and/or university study. 8-hr. day, straight shift. 48-hr. wk. 2 to 4 wks. vacation on salary. Sick time on salary. $60 annual increment after 6 mos. for 3 yrs. Apply Supt. of Nurses, General Hospital, Winnipeg, Man.

Public Health Nurses. Must be qualified. Salary according to experience. Car provided or car allowance. Apply Medical Officer of Health, Northumberland-Durham Health Unit, Cobourg, Ont.

Nurses—Interesting work with excellent opportunity to gain experience in Orthopedic & Pediatric Nursing. 65-bed hospital. Basic gross salary: $175 plus substantial bonus. Rotating shifts. Room, board & laundry provided at nominal deduction. Staff housed in well-furnished cottages on waterfront. Boating, fishing, tennis. 28 days annual vacation. 10 statutory holidays. Cumulative sick leave. 26 miles from Victoria. Apply, giving date of graduation, training school, age & experience, Queen Alexandra Solarium for Crippled Children, Cobble Hill, V.I., B.C.

General Duty Nurses for 350-bed Tuberculosis Hospital in centre of Laurentian summer & winter resort area, 2 hrs. from Montreal. Starting salary: $115 per mo. plus full maintenance. Attractive working hrs. with 1½ days off weekly & 1 week-end each mo. 1 mo. annual vacation. 14 days sick leave. Apply Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Que.

Graduate Floor Duty Nurses for Mt. Hamilton Maternity Hospital, Hamilton, Ont. Large, well-equipped modern hospital (5,137 births in 1949) with opportunities for wide experience in Obstetrical Nursing. Vacancies on Delivery Floor, Nurseries, Postpartum Floors. 44-hr. wk. Statutory holidays. Bi-weekly salaries: $76-88. For other perquisites & further information write Supt.

Graduate Nurses for modern 100-bed hospital, 60 miles from Vancouver on Trans-Canada highway. Basic salary: $175 plus present C.O.L. adjustment $5 increase. 4 annual increments, $10, $5, $5, $5. Board, residence, laundry charges, $35 per mo. 44-hr. wk. 10 statutory holidays: 28 days annual vacation. 1½ days sick leave per mo. accumulative to 36 days. Apply Supt. of Nurses, Chilliwack Hospital, Chilliwack, B.C.

SCHOLARSHIPS — VICTORIAN ORDER OF NURSES FOR CANADA

- The Victorian Order of Nurses for Canada offers scholarships of $750.00 to assist nurses in taking one year post-graduate training in Public Health Nursing at Canadian Universities.
- Applications will be received until ***May 1, 1951.***

Application forms and further information may be had by applying to:

Chief Superintendent
Victorian Order of Nurses for Canada,
193 Sparks St., Ottawa, Ont.

Operating Room Nurse to be assistant to matron for 35-bed hospital. Salary starts at $195 with increments every 6 mos. 44-hr. wk. 1 mo. holiday with pay after 1 yr. service. Apply Mrs. C. Wilkinson, Matron, General Hospital, Ladysmith, B.C.

Graduate Floor Duty Nurses for General Hospital, Hamilton, Ont. Gross salary: $38-44 per wk. 88-hr. fortnight. Hospitalization & medical benefits if ill. Apply C. E. Brewster, Supt. of Nurses.

Nursing Arts Instructor, Asst. Medical Supervisor & General Duty Nurses for 200-bed General Hospital. Salary: $195 & $175 plus Cost of Living Bonus respectively. 8-hr. day. 88-hr. fortnight. 4 wks. vacation annually plus statutory holidays. Sick time. Apply Supt. of Nurses, Royal Inland Hospital, Kamloops, B.C.

Graduate Dietitian at Ontario Hospitals in Kingston, Whitby. Initial salary: $2,140 per annum plus $240 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 5-day wk. Apply Supt. at above hospitals.

Registered Nurses for General Staff at Ontario Hospitals in Brockville, Hamilton, London, New Toronto, Orillia, St. Thomas, Toronto, Whitby, Woodstock. Initial salary: $1,840 per annum plus $240 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 8-hr. day, 44-hr. wk. Apply Supt. of Nurses at above hospitals.

General Duty Nurses—Medical, Surgical, Pediatrics, Maternity, Psychiatry, Tuberculosis. Beginning salary: $246. $10 differential Pediatrics, Psychiatry, Tuberculosis—evening & night shifts. 600-bed hospital with school. 40-hr. wk. 8 paid holidays. 3 wks. vacation. Laundry. Accumulative sick leave. Apply Director, Nursing Service, General Hospital, Fresno, California.

Public Health Nurse (with car) to evaluate patients previous to admission (516-bed hospital for Extended Illness); to evaluate patients' needs on discharge; to take charge of Employee Health & relieve in Hospital Administration. Salary open, depending on qualifications. Modern living quarters if desired & garage. Apply Supt., Queen Elizabeth Hospital, 130 Dunn Ave., Toronto 3, Ont.

Obstetrical Supervisor & Instructor of Nurses. Apply, stating qualifications, Director of Nursing, Victoria Public Hospital, Fredericton, N.B.

General Duty Nurses. 8-hr. duty. Salary: $120 per mo. with full maintenance. $5.00 increase after 6 mos. & again after 1 yr. service. 1 mo. vacation after 1 yr. service. Apply, with references, Miss G. Emmerson, Supt., General Hospital, Kenora, Ont.

Registered General Duty Nurses for small hospital. Initial salary: $135 per mo. plus full maintenance & uniform laundry. Increase in 6 mos. 48-hr. wk. 4 wks. vacation. Liberal sick leave. Blue Cross available. Opening new hospital in April. Apply Supt., Niagara Cottage Hospital, Niagara-on-the-Lake, Ont.

Registered Nurses for General Duty in 200-bed hospital in Niagara Peninsula. 48-hr. wk., rotating shifts. Salary: $140 for day duty; $150 for evening duty; $145 for night duty, plus full maintenance & laundry. Increment of $5.00 per mo. at end of 1st, 2nd & 3rd yr. 21 days holiday at end of yr. & 9 statutory holidays. 1½ days sick leave per mo. accumulative to 18 days; staff re-imbursed if not used. Train fare refunded after 12 mos. service. Apply Director of Nursing, County General Hospital, Welland, Ont.

CANADIAN RED CROSS SOCIETY

invites applications for **Administrative** and **Staff** positions in **Hospital, Public Health Nursing Services,** and **Blood Transfusion Service** for various parts of Canada.

- The majority of opportunities are in **Outpost Services** in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia.
- Commensurate salaries for experience and qualifications. Transportation arrangements under certain circumstances.

For further particulars apply:

National Director, Nursing Services, Canadian Red Cross Society,
95 Wellesley St., Toronto 5, Ontario.

Lady Supt. by March 15 for Souris & Glenwood Memorial Hospital, Souris, Man. Souris is fully modern town. Hospital has 33 beds & employs largely graduate staff. Salary equal any paid in rural Manitoba plus full maintenance. Direct inquiries immediately to W. R. Bell, Chairman, P.O. Box 245 or phone 159 Souris, Man., Souris Exchange.

Registered Nurses for 56-bed hospital in Northern B.C. Basic salary: $185 less $44.25 for full maintenance in new residence. 1 mo. annual holiday & 10 statutory holidays. Railway fare either advanced or refunded after 6 mos. service. Apply, giving particulars of training & experience, Miss M. MacLeod, Supt. of Nurses, Wrinch Memorial Hospital, Hazelton, B.C.

Matron. Salary: $195 per mo. less $20 for maintenance. **General Duty Nurses (2).** Salary: $165 per mo. less $20 for maintenance. 17-bed hospital. Pleasant working conditions. Convenient to Calgary & Edmonton. Hospital Board will pay railway fare if period of employment is 6 mos. or over. 1 mo. leave with pay after 1 yr. service. Statutory holidays. 48-hr. wk. with no split shifts. Apply A. J. Schmiedl, Sec.-Treas., Municipal Hospital, Elnora, Alta.

Graduate Nurses for General Duty (2). Gross salary: $180 per mo. **Laboratory Technician.** 35-bed hospital. White population. 4 wks. annual vacation. 10 statutory holidays. 44-hr. wk. Residence. Transportation up to $45. Annual increments. Apply Sister Superior, Providence Hospital, Fort St. John, B.C.

British Columbia Civil Service requires: ***Registered Nurses for General Staff Duty for the Division of Tuberculosis Control***—*Vancouver Unit:* 225-bed T.B. Hospital, located at 2647 Willow St., Vancouver. All major services & student affiliation course. Registration in B.C. required. Gross salary: $182 per mo. Annual increments of $60 (over 5-yr. period). No residence accommodation. *Tranquille Unit:* 350-bed T.B. hospital, located 12 miles from Kamloops in southern interior. All major services except student affiliation. Gross salary: $188.50 per mo. Annual increments of $60 (over 5-yr. period). New modern residence; attractive bed-sitting rooms. Recreational facilities. Maintenance deduction: Room $5.00; laundry $2.50. Excellent food at 20 cts. per meal. ***Conditions—Both Units:*** 8-hr. day, 5½-day wk. rotating shifts. 4 wks. annual vacation with pay plus 11 statutory holidays. Sick leave, 20 days per yr. (14 cumulative). Promotional opportunities. Superannuation. Write for information & applications to Supt. of Nurses in respective Units or to Director of Nursing, Division of T.B. Control, 2647 Willow St., Vancouver, B.C.

Dietitian for 100-bed hospital. Salary depends on experience & qualifications. For particulars apply Supt., Soldiers' Memorial Hospital, Campbellton, N.B.

General Duty Nurses for modern, well-equipped hospital in picturesque Lakehead. 48-hr. wk. Cumulative sick leave. 1 mo. vacation after 1 yr. service. Gross salary per mo.: $185 less $20 for meals. A further $25 charged if living in residence. Annual increment. Railway fare up to $50 with 1 yr. contract. Apply Director of Nursing, General Hospital, Port Arthur, Ont.

Registered Nurses for General Staff Duty on Rotation Service. Apply, Director, Shriners' Hospital for Crippled Children, 1529 Cedar Ave., Montreal 25, Que.

General Duty Nurses for 400-bed hospital. New Wing just opened. 8-hr. day, 44-hr. wk 10 statutory holidays. B.C. registration required. Salary: $175 basic. Credit for past experience Annual increments. Vacation: 28 days after 1 yr. Sick leave: 1½ days per mo. cumulative Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

Registered Nurses for new 60-bed General Hospital in prosperous farming community near U.S. border. Salary: $125 per mo. with full maintenance. 6-day wk. Blue Cross paid. $60 per yr. increase up to 3 yrs. 10 days sick leave per yr. 3 wks. holiday per yr. plus 6 days statutory holidays. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

The Public Service of Canada requires

HOSPITAL NURSES

Probable Salary—up to $2,772

for the Department of Veterans Affairs

at various centres.

• Information regarding positions can be secured from Offices of the Civil Service Commission of Canada in Victoria, Vancouver, Calgary, Edmonton, Regina, Winnipeg, Toronto, Ottawa, Montreal, Quebec, Saint John, N.B., Halifax, and St. John's, Nfld. Candidates should consult the nearest office.

Applications are available at **Post Offices, National Employment Service Offices, and the above-named offices.**

Educational Director & Science Teacher by Aug. 1 for General Hospital with approx. 200 students. Degree & experience necessary. Apply Director of Nursing, Royal Jubilee Hospital, Victoria, B.C.

Nursing Arts Instructor for School of Nursing of 94 students. Excellent classroom facilities & living accommodation. Preference given applicants with experience. Good educational background essential. Apply Director of Nursing, Civic Hospital, Peterborough, Ont.

Clinical Supervisor, Medical Dept., to be responsible for Clinical Teaching of student nurses. Excellent living accommodation available. Consideration given applicants with experience & good educational background. Apply Director of Nursing, Civic Hospital, Peterborough, Ont.

Nursing Arts Instructor, Clinical Supervisor, General Duty Nurses for 185-bed General Hospital. 1 mo. vacation after 1 yr. employment. Apply, stating qualifications, experience & salary expected, Supt., General Hospital, Medicine Hat, Alta.

Vancouver General Hospital requires: (1) **Psychiatric Clinical Instructor**—Salary: $217-242; (2) **Three Junior Classroom Instructors**—Salary: $207-232; (3) **General Staff Nurses**—Salary: $185-215 plus afternoon & night shift differential. Perquisites: 44-hr. wk.; 11 statutory holidays; 28 days vacation; 1½ days per mo. cumulative sick leave; Pension Plan (if under 35). Apply Director of Nursing, General Hospital, Vancouver, B.C.

Floor Charge Nurses (2). Gross salary: $180. **General Duty Nurses.** Salary: $163.40 per 4 wks. 26 pays in a yr. on a bi-weekly basis. Salaries have scheduled rate of increase. 48-hr. wk. 8-hr. broken day: 3-11, 11-7, rotation. Cumulative sick leave. Pension Plan in force. Blue Cross. 3 wks. vacation after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital, Gravenhurst, Ont.

Public Health Nurse for general program in urban centre of 27,000. Minimum salary: $2,150 per annum. 5-day wk. 9:00 a.m.—5:00 p.m. Lunch 1½ hr. Employment benefits include: Pension Plan, sick leave, 3 wks. vacation. Apply Mr. Norman T. Dawe, Personnel Officer, Westmount City Hall, 4333 Sherbrooke St. W., Montreal 6, Que.

Surgical Supervisor for 100-bed hospital, preferably with special training & experience. Salary commensurate with preparation & experience. Apply, giving full details & salary expected, c/o Box R, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

General Staff Nurses in Medical, Surgical, Obstetrical & Communicable Disease Depts. for General Hospital 14 miles from Chicago, near Lake Michigan—University affiliation. Salary range: $220-230 per mo. 44-hr. wk. 3 wks. vacation on pay. Apply Director of Nursing, Evanston Hospital, Evanston, Illinois.

Graduate Nurse for new modern 20-bed hospital. Salary: $150 per mo. & full maintenance. 8-hr. day, 6-day wk. 2 wks. with pay end of yr. Community near U.S. border. English-speaking population. Apply P. J. Rasmussen, Sec., Community Hospital, Climax, Sask.

Registered Nurses for General Duty in active 35-bed General Hospital, 50 miles from Toronto. Salary: $130 per mo. plus full maintenance. Apply Supt., Lord Dufferin Hospital, Orangeville, Ont.

Nurses for General Duty urgently required for United Church of Canada's R.W. Large Memorial Hospital at Bella Bella, B.C., on Pacific coast, 300 miles north of Vancouver. Salary: $184 per mo. less $40 maintenance. Fare advanced to hospital. Apply Home Mission Board, United Church of Canada, Toronto, Ont., or Vancouver, or direct to Matron at Bella Bella.

Supt. of Nurses for Mount Sinai Sanatorium, Préfontaine, Quebec. Excellent working & living conditions in Laurentians. Apply Medical Director at Sanatorium.

Registered Nurse for Medical Clinic by April 1. Apply, giving age, qualifications & references, Oshawa Clinic, 117 King St. E., Oshawa, Ont.

Director of Nursing Education immediately for Victoria Hospital, Prince Albert, Sask. 160 beds; student enrolment 60. New classroom, demonstration room & library. Apply Supt. of Nurses.

Supt. of Nurses immediately for 36-bed hospital in Interior of British Columbia. Administrative experience preferred. 8-hr. day, 44-hr. wk. 10 statutory holidays. 1 mo. annual holiday after 1 yr. service or 2 wks. semi-annually if desired. Sick leave granted, 1½ days per mo. Starting salary: $205 per mo. less $35 per mo. full maintenance. Hospital situated in heart of Nicola Valley ranching country. Apply, giving full particulars, Sec., Nicola Valley General Hospital, Merritt, B.C.

Night Supervisor for General Hospital, Moose Jaw, Sask., capable of taking charge of hospital, including delivery room. 44-hr. wk. Gross salary: $190-250. Increase end of 1st & 2nd 6 mos. & yearly thereafter. Cumulative sick pay. 1 mo. vacation. Pension Plan. Apply, giving qualifications, years of experience, etc., to Supt. of Nurses.

Head Nurses for Medical & Children's Ward. Must be interested in student affiliation program & ward teaching. **General Duty Nurses** for Surgical Unit handling Thoracic & Orthopedic Surgery. Apply Director of Nursing, Fort William Sanatorium, Fort William, Ont.

General Staff Nurses for new Sherbrooke Hospital which will open in May. Hospital will have 160-bed capacity & is modern in every respect. New Nurses Residence provides excellent accommodation. For particulars apply Miss V. Graham, Director of Nursing, Sherbrooke Hospital, Sherbrooke, Que.

Nurses for General Duty. 44-hr. wk. Vacation with pay. Sick leave. Good salaries. Apply Personnel Director, Highland Park Hospital, Highland Park, Illinois. (near Chicago).

General Duty Graduate Nurses (2) immediately for new 60-bed, well-equipped hospital located on famed Inland Passage. Salary: $185 less $25 for board, room, laundry. 4 wks. annual vacation plus 10 statutory holidays. 44-hr. wk. Sick time. Transportation financed if desired. Apply, giving training school, year of graduation, extra courses, age, etc., Supt. of Nurses, St. George's Hospital, Alert Bay, B.C.

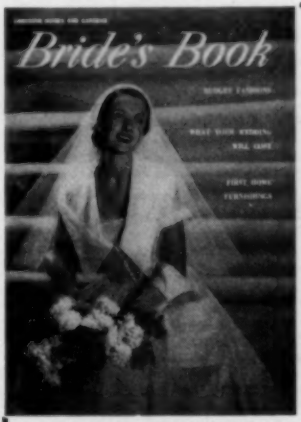
Graduate Nurses for General Duty & willing to assist in Operating Room. Good salary with full maintenance. Apply Supt., Rosamond Memorial Hospital, Almonte, Ont.

Blindness Control

Provincial projects submitted for grants under the national health program include provision for a glaucoma research clinic at the University of Toronto. Projects are also under way to determine the best way of testing the vision of school pupils.

Nova Scotia, New Brunswick, and Quebec have participated with the federal authorities in a joint experiment to ascertain what percentage of blind pensioners could have useful sight restored by remedial treatment. With the federal government paying 75 per cent of the cost, some 50 cataract operations have been performed. Successful visual results were obtained in about half of these cases. Since 25 per cent of blindness is due to cataract, and this experiment proves that useful vision can be restored in at least half of the cases treated, it appears that not fewer than 12 per cent of the pensions now being paid to the blind could be discontinued if treatment for suitable cases was made obligatory at the time of application for pension.

—Annual Report, Department of National Health and Welfare.



WHO GOES WHERE ?

Get the New BRIDE'S BOOK
— only 50c —

• All important questions of Canadian wedding etiquette are answered correctly in the new Summer "Bride's Book"—the book that gives you the right solutions to your problems of wedding plans, travel, fashions—and how to furnish the first home.

If your dealer can't supply you, mail 50c. direct to Dept. C-1, "BRIDE'S BOOK", 481 University Avenue, Toronto 2, Ontario—with your name and address.

Official Directory

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

Pres. (*acting*), Miss F. J. Ferguson, 5 Glenwood Manor, Calgary; Vice-Pres., Miss H. Penhale; *Councillor*, Rev. Sr. Annunciata, Mineral Springs Hosp., **Banff**; *Committee Chairmen: Institutional Nursing*, **Miss F. McQuarrie**, School of Nursing, Univ. Hospital, **Edmonton**; *Private Duty*, Miss J. G. Brown, 202 Anderson Apts., **Calgary**; *Public Health*, **Miss K. Deane-Freeman**, 216-17th Ave. W., Calgary; **Registrar, Mrs. Clara Van Dusen, 10129-102nd St., Edmonton.**

Ponoka District, No. 2, A.A.R.N.

President, Miss Geneva Battle; Vice-President, Miss Norma McDonald; Secretary-Treasurer, Miss Anne Kirkham, Provincial Mental Hospital, Ponoka; *Representative* to *The Canadian Nurse*, Mrs. Muriel Moffatt.

Calgary District, No. 3, A.A.R.N.

Pres., Mrs. G. Longson, Kathryn; Vice-Pres., Mrs. V. Keenan; Sec., Miss M. L. Urch, 450 Scarboro Ave.; **Treas., Miss Mary Watt, 110 Anderson Apts.**; *Committee Chairmen: Institutional*, Miss M. MacDonald; *Public Health*, Rev. Sr. Laramee; *Private Duty*, Miss J. Brown; **Registrar**, Community Nursing Bureau, **Miss E. Wainwright, 1724-14th Ave. W.**

Medicine Hat District, No. 4, A.A.R.N.

Pres., Miss Marion Story, 24-1st St. S.W.; Vice-Pres., Mrs. Gordon Anderson, Miss May Shimbashi; Sec., Miss Marion MacKenzie; Treas., Miss Esther Janzon; *Social Service Convener*, Mrs. Ray Wall.

Red Deer District, No. 6, A.A.R.N.

Pres., Miss K. Macalister; Vice-Pres., Miss M. Murray, Mrs. O. Johanson; Sec.-Treas., Miss Lila Wright, Box 180; *Committee Conveners: Visiting*, **Miss Torrance**; *Social*, Mmes Galbraith, Humber; *Rep.* to *The Canadian Nurse*, **Miss O. McIlvride.**

Edmonton District, No. 7, A.A.R.N.

Chairman, Miss M. Fitzsimmons; Vice-Chairmen, Miss C. Brown, Mrs. Hanna; Sec., Miss A. Wilson, 9219-110th Ave.; Treas., Miss M. Franko; *Program Committee*, Misses J. Morrison, E. Lea, Mrs. C. Van Dusen (registrar); *Reps.* to: *Local Council of Women*, Miss M. Fraser; *Council of Social Agencies*, Miss I. Johnson; *The Canadian Nurse*, Miss V. Chapman.

Lethbridge District, No. 8, A.A.R.N.

Pres., Miss A. Short; Vice-Pres., Sr. M. Peters, Miss B. Hoyt; Treas., Miss I. Schmaltz; *Committee Conveners: Program*, Miss M. Mills; *Social*, Miss A. Hofer; *Rep.* to *Press & The Canadian Nurse*, **Miss D. Watson.**

BRITISH COLUMBIA

Registered Nurses' Association of British Columbia

Pres., Sr. Columkille; Vice-Pres., Misses E. Paulson, J. Jamieson; Hon. Sec., Miss A. Creasor; Hon. Treas., Miss E. Gilmour; Past Pres., Miss E. Mallory; *Committee Chairmen: Public Health Nursing*, Miss J. Pallister; *Private Duty Nursing*, Miss K. MacKenzie; *Institutional Nursing*, Miss M. Richmond; Placement Advisor, Miss E. Braund, 1101 Vancouver Block, Vancouver; **Executive Secretary & Registrar, Miss Alice L. Wright, 1101 Vancouver Block, Vancouver.**

New Westminster Chapter, R.N.A.B.C.

Pres., Miss Grace Smith; Vice-Pres., Miss C. Thompson; Rec. Sec., Miss B. Lucas; Corr. Sec., Miss B. Robinson, 319 Hospital St.; Asst. Corr. Sec., Miss J. Squair; Treas., Miss B. Burpee, 414 C. Columbia St.; *Rep.* to *The Canadian Nurse*, Miss F. Benedict.

Vancouver Island District

Pres., Sister Mary Claire, Lourdes Hosp., Campbell River; Sec.-Treas., Mrs. Christine Macleod, 1751 Hampshire Rd., Victoria; *Councillors*, Sr. M. Claire, Mrs. Florence MacDonald, Victoria; Miss K. Bailey, Alberni Valley.

Victoria Chapter, R.N.A.B.C.

Pres., Mrs. R. Brown; Vice-Pres., Miss J. Jamieson, Sr. M. Lucita; Rec. Sec., Miss S. L. Bishop; Corr. Sec., Mrs. D. Daxre, 29 Paddon Ave.; Treas., Miss E. Dunne, 30 Douglas St., Apt. 34; *Committee Conveners: Program*, Miss I. Tuck; *Social*, Miss L. Foster; *Membership*, Mrs. T. Randall; *Phone*, Mrs. J. H. Russell; *Reps.* to: *Private Duty*, Mrs. Randall; *Institutional Nursing*, Miss B. Davis; *Public Health*, Miss I. Neilson; *Press*, Mrs. J. Mann; *The Canadian Nurse*, Miss O. Manarin.

East Kootenay District

Fernie Chapter, R.N.A.B.C.

Pres., Mrs. M. Haile; Vice-Pres., Miss E. Jordan; Sec. and *Press Rep.*, Mrs. M. Arbuckle; Treas., and *Canadian Nurse Rep.*, Miss Myra E. Young, Box 1060, Fernie; *Committees: Visiting*, Mmes L. Hogan, Citra; *Entertainment*, Misses M. Saunders, D. Vosburgh, Mrs. M. East.

Okanagan District

Kamloops-Tranquille Chapter, R.N.A.B.C.

Pres., Miss P. Rowe; Vice-Pres., Misses M. Rowles, B. Donaldson; Rec. Sec., Miss N. Williams; Corr. Sec., Miss M. Nishizaki, 15 Marcel St., North Kamloops; Treas., Miss J. Phillips; *Sections: Institutional Nursing*, Miss Donaldson; *Public Health*, Miss Y. Nedelic; *General Nursing*, Mrs. J. Hay; *Membership*, Misses H. Service, Chaffin; *Program*, Mrs. W. K. Waugh; *Visiting*, Miss O. Garrood; *Scholarship*, Miss M. Longmore; *Rep.* to *The Canadian Nurse*, Mrs. S. Ramage.

Greater Vancouver District

Pres., Mrs. L. A. Grundy; Vice-Pres., Misses C. Charters, G. Wahl, Sr. Mary Michael; Sec., Miss Joan Flower, 1210 Jervis St., Vancouver.; Treas., Miss S. Ogilvie.

Vancouver Chapter, R.N.A.B.C.

Pres., Miss E. McCann; Rec. Sec., Mrs. B. Lane; Corr. Sec., Miss J. Stannard, 111 W. 15th Ave.; Treas., Miss B. Hallam, 430 W. 14th Ave.; *Committee Conveners: Institutional Nursing*, Mrs. Stewart; *Private Duty*, Miss C. Connon; *Public Health*, Mrs. M. Campbell; *Publicity*, Miss J. Pierce.

MANITOBA

Manitoba Association of Registered Nurses

Pres., Miss Helen L. Wilson, Deer Lodge Hosp., Winnipeg; Vice-Pres., Misses C. MacArthur, J. DeBrincat, H. Reimer; *Section Chairmen: Hospital & School of Nursing*, Miss D. Motriuk, 49 Cobourg Ave., Wpg.; *Public Health*, Miss M. Wilson, Health Unit, Selkirk; *General Nursing*, Miss A. Daniel, 239 Ottawa Ave., Wpg.; *Dir., Placement Service*, Miss M. V. Leadlay, 212 Balmoral St., Wpg.; **Exec.-Sec. & Registrar, Miss L. E. Pettigrew, 214 Balmoral St., Winnipeg.**

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

Pres., Miss M. E. Hunter, 282 O'Dell Ave., Fredericton; Past Pres., Miss H. M. Bartsch; Vice-Pres., Miss B. A. Beattie, Sr. Rosarie; Hon. Sec., Sr. Bujold; *Committee Chairmen: Private Nursing*, Miss M. Downing, 36 Cliff St., Saint John; *Public Health Nursing*, Miss D. Fowler, 136 Cameron St., Moncton; *Institutional Nursing*, Miss B. M. Selfridge, Gen. Hosp., Saint John; *Legislation*, Miss M. Myers, T.B. Hosp., East Saint John; *Educational Policy*, Miss K. MacLaggan, 385 Union St., Fredericton; *Health Insurance*, Miss M. E. Ingham, Victoria Public Hosp., Fredericton; *Adv. to Schools of Nursing*, Miss Myers; *Labor Relations*, Miss B. A. Beattie, Moncton Hosp.; *The Canadian Nurse*, Miss M. Dunbar, St. Stephen; *Councillors*, Misses H. J. Lynds, G. Stevens, S. Miles, Mrs. V. G. Craig; **Executive Secretary, Miss Alma F. Law, 29 Wellington Row, Saint John.**

NOVA SCOTIA

Registered Nurses' Association of Nova Scotia

Pres., Miss M. K. Miller; First Vice-Pres., Miss K. Harvey; Sec. Vice-Pres., Sr. Catherine Gerard; Third Vice-Pres., Miss J. Forbes; Rec. Sec., Miss M. Graham; *Committee Chairmen: Public Health*, Miss R. Myers, Sherriff Hall, Halifax; *Private Duty*, Mrs. D. Luscombe, 364 Spring Garden Rd., Hfx; *Institutional Nursing*, Sr. M. Estelle, Halifax Infirmary; *Program & Pub.*, Miss O. Hayes; *Legislative*, Mrs. D. McKeown; *Library*, Mrs. B. Carter; *Nominating*, Miss J. Church; *Adv. to Registrar*, Miss M. Haliburton; **Sec.-Treas. & Registrar, Miss Nancy H. Watson, 301 Barrington St., Halifax.**

ONTARIO

Registered Nurses' Association of Ontario

Pres., Miss R. M. Beamish, Gen. Hosp., Sarnia; Vice-Pres., Misses G. J. Sharpe, B. M. Beyer; *Interest Committee Chairmen: Institutional Nursing*, Miss M. G. Kennedy, 130 Dunn Ave., Toronto 3; *Private Nursing*, Mrs. E. Brackenridge, 166 Edinburgh St., Peterborough; *Public Health Nursing*, Miss J. C. Leask, 281 Sherbourne St., Toronto 5; *District Chairmen:* Mmes M. J. Harrison, J. C. Sanders, Misses H. M. Snedden, M. I. Tresidder, A. L. Thomson, M. A. Fairfield, L. M. Langford, L. E. Huston, Mrs. D. R. Easton; **Sec.-Treas., Miss Florence H. Walker, 515 Jarvis St., Toronto 5.**

District 1

Chairman, Mrs. M. Harrison; Past Chairman, Miss M. Maybee; Vice-Chairmen, Miss E. Horton, Mrs. Griffith; Sec.-Treas., Mrs. E. Snobelen, 90 Centre St., Chatham; *Section Conveners: Hospital & School of Nursing*, Miss R. M. Traynor; *Public Health*, Miss P. Thomson; *General Nursing*, Miss J. Wilmer; *Industrial Nursing*, Miss M. Langford; *Committee Conveners: Membership*, Mrs. W. C. Maitland; *Can. Nurse Circ., Publications & Finance*, Mrs. M. Jackson; *Nominating*, Miss I. Griffin; *Councillors: Chatham*, Mrs. J. Embree; *London*, Miss E. Needham; *Petrolia*, To be appointed; *St. Thomas*, Miss Stewart; *Sarnia*, Miss L. Lannin; *Strathroy*, Miss W. Hughes; *Windsor*, Miss M. McCutcheon.

Districts 2 and 3

Chairman, Mrs. J. Sanders; Vice-Pres., Misses S. Sewell, C. Adams; Sec.-Treas., Miss M. Patterson, Gen. Hospital, Brantford; *Section Conveners: General Nursing*, Miss E. Clarke; *Hospital & School of Nursing*, Miss O. Plumstead; *Public Health*, Miss M. Dunsmore; *County Councillors: Brant*, Miss M. Wood; *Grey*, Miss W. Cooke; *Oxford*, Miss K. Brand; *Perth*, Miss M. Racey; *Wellington*, Miss D. Monteith; *Huron*, Miss H. Black; *Norfolk*, Miss M. Holland; *Committee Conveners: Membership*, Miss H. Cryderman; *Nominations*, Miss A. Bingeman.

District 4

Chairman, Miss H. Snedden; Vice-Chairmen, Misses I. Mayall, I. Price; Sec.-Treas., Miss Clara Graham, 264 Main St. W., Apt. 307, Hamilton; Asst. Sec., Miss G. Coulthart, 35 Pearl St. S., Hamilton; *Section Conveners: Hospital & School of Nursing*, Miss G. Blyth; *General Nursing*, Miss R. Patterson; *Public Health*, Miss B. Scher; *Councillors*, Misses A. Scheifele, M. Blackwood, B. Lousley, A. Oram, N. Coles, E. Freeman, Sr. M. Ursula.

District 5

Chairman, Miss M. Tresidder; Vice-Chairmen Misses W. Hendrikz, L. Ashton; Sec.-Treas., Mrs. M. Chisholm, 121 Castlefield Ave., Toronto 12; *Councillors*, Misses L. Fair, D. Arnot, J. Wilson, M. Agnew, K. King, G. Tucker.

District 6

Chairman, Miss A. L. Thomson; Vice-Chairmen, Misses H. McGeary, R. Cunningham, N. Murphy; Sec.-Treas., Mrs. J. Patterson, Civic Hosp., Peterborough; *Committee Conveners: Institutional Nursing*, Sr. Benedicta; *General Nursing*, Mrs. W. Donaldson; *Public Health*, Miss E. Dogue; *Industrial Nursing*, Miss M. Greer; *Finance*, Mrs. H. F. Roy.

District 7

Chairman, Miss M. A. Fairfield; Vice-Chairmen, Sr. Mantle, Miss C. Mullins; Sec.-Treas., Miss M. Laturney, Dept. of Health, Kingston; *Committees: Private Nursing*, Miss B. Blackman; *Public Health Nursing*, Miss L. Wall; *Institutional Nursing*, Miss L. D. Acton; *Membership*, Miss Ella G. Smith; *Bursaries*, Miss H. Corbett; *Finance*, Miss G. Conley; *Nominations*, Miss H. Hogan; *Program*, Miss L. D. Acton; *Education*, Miss Fairfield; *The Canadian Nurse*, Miss M. I. Somerville; *Councillors*, Misses B. Griffin, A. Church, O. Wilson, Mrs. L. Park, Sr. M. Patrice.

District 8

Chairman, Miss L. Langford; Vice-Chairmen, Misses M. Nephew (*Cornwall Chap.*), H. Lusted; Sec., Miss M. Phillips, 7 Carlotta Ave., Eastview; Treas., Miss M. Thompson; *Councillors*, Sr. M. Evangeline (*Pembroke Chap.*), Misses G. Boland, D. Browne, G. Decelles, E. Horsey, M. Woodside.

District 9

Chairman, Miss Lois Smith; Vice-Chairmen, Miss E. Houston, Rev. Sr. Camillus; Sec.-Treas., Miss M. Rice, Box 377, Haileybury; *Section Conveners: Hospital & School of Nursing*, Miss E. B. Walsh; *General Nursing*, Miss D. White; *Public Health*, Mrs. M. Stewart; *Committee Conveners: Membership*, Miss I. Black; *Program*, Miss S. Burke; *Nominations*, Miss A. Huhta; *Finance*, Mrs. H. G. McLean; *Rep.* to *The Canadian Nurse*, Rev. Sr. Sheila.

District 10

Pres., Mrs. D. Easton; Vice-Pres., Rev. Sr. Patricia; Sec.-Treas., Miss M. Waters, Gen. Hosp., Port Arthur; *Committees: Finance*, Miss V. Weston; *Membership*, Miss M. Flanagan, Rev. Sr. Monica; *Program*, Mmes M. Pittman, G. Ward; *Sections: Hospital & School of Nursing*, Miss D. Shaw; *Public Health*, Miss P. McNab; *General Nursing*, To be appointed; *Councillors*, Rev. Sr. Felicitas, Misses A. Hunter, J. Hogarth, A. Baillie, Mrs. J. Sullivan; *Reps.* to: *Press*, Miss C. Davidson; *The Canadian Nurse*, Miss A. Malmborg, Mrs. D. Page.

PRINCE EDWARD ISLAND

The Association of Nurses of Prince Edward Island

Pres., Sr. M. Stanislaus, Charlottetown Hosp.; Vice-Pres., Miss V. Darrach, 62 Prince St., Charlottetown; Miss H. Arsenault, Provincial Sanatorium, Charlottetown; Hon. Sec., Mrs. M. Maddigan, 125 Pownal St., Charlottetown; Hon. Treas., Miss K. MacLennan, Prov. San., Charlottetown; *Section Chairmen: Private Duty*, Mrs. M. Storey, York Lane, Charlottetown; *Institutional Nursing*, Sr. John the Baptist, Charlottetown Hosp.; *Public Health*, Miss R. Ross, 57 Orlebar St., Charlottetown; **Sec.-Registrar, Miss Muriel Archibald, 188 Prince St., Charlottetown.**

QUEBEC

The Association of Nurses of the Province of Quebec

The Association of Nurses of the Province of Quebec, created by Licensing Act, April 17, 1946, replacing The Registered Nurses Association of the Province of Quebec, Incorporated February 14, 1920.

Pres., Mlle A. Martineau; Vice-Pres. (*Eng.*), Rev. Sister M. Felicitas, Miss C. V. Barrett; Vice-Pres. (*Fr.*), Mlles F. Verret, R. Aubin; Hon. Sec., Miss H. Lamont; Hon. Treas., Mlle B. Laliberté; *Councillors*, Mlles M. Lacombe, G. Gariépy, M. A. Trudel, J. Gagnon, L. Couet. The above constitute the *Executive Council* & are *Members of the Committee of Management*, together with: Mme M. A. Flynn, Mlles C. Demers, M. Bissonnet, G. Beauregard, Rév. Sr. St. Ferdinand, Rév. Mère Marie-Paule, Rév. Sr. Valérie de la Sagesse, Mlle G. Charbonneau, Miss M. Flander, Rév. Sr. Paul du Sacré-Coeur, Misses D. Goodill, I. Black. *Advisory Board*, Miss G. Hall, Rév. Sr. Valérie de la Sagesse, Misses M. S. Mathewson, M. E. Lunam, V. Graham, Mlle G. Lamarre, Miss E. C. Flanagan, Mme Boisvert. *Committee Chairmen: Institutional Nursing* (*Eng.*), Miss N. Mackenzie, Gen. Hosp., Montreal 18; (*Fr.*), Rév. Sr. D. Lefebvre, Institut Marguerite d'Youville, Montréal 25; *Public Health* (*Eng.*), Miss C. MacIntosh, 2096 Claremont Ave. Apt. 28, Montreal 6; (*Fr.*), Mlle E. Merleau, 5302 ave. Victoria, app. 2, Montréal 26; *Private Duty* (*Eng.*), Miss Wood, 212 Brock Ave., Montreal West 28; (*Fr.*), Mlle B. Labelle, 3622 rue St. Denis, Montréal 18. *Chairmen, Board of Examiners: (Eng.)*, Miss A. Haggart, Royal Victoria Hosp., Montreal 2; (*Fr.*), Mlle Trudel, Hôp. Ste. Justine, Montréal 10. **Sec.-Registrar, Miss Margaret M. Street. Asst. Sec.-Registrar, Miss R. Catherine Aikin. Visitor to Fr. Schools of Nursing, Mlle S. Giroux. Association Headquarters, *504-6 Medical Arts Bldg., Montreal* 25.**

District 1

Chairman, Mme M. A. Chamard Flynn, New Carlisle, Cté. Bonaventure; Sec., Rév. Sr. Marie de l'Incarnation, Hôpital St. Joseph, Rimouski.

District 2

Chairman, Mlle C. Demers, 49 rue Poirier, Charny, Cté Lévis; Sec., Mlle C. Aubert, 25 rue Commerciale, Lévis.

District 3

English Chapter: Chairman, Miss V. Graham, Sherbrooke Hospital; Sec., Miss A. E. Christie, Sherbrooke Hospital. *French* Chapter: Chairman, Mlle Ruth Aubin, East Angus, Cté. Compton; Sec., Rév. Soeur St-André, Hôp. Général St. Vincent de Paul Sherbrooke.

District 4

Chairman, Mlle M. Bissonnet, Hôp. St. Charles, St. Hyacinthe; Sec., Mlle Marie-Thérèse Bourbeau, Hôp. St. Charles, St. Hyacinthe.

District 5

Chairman, Mlle G. Beauregard, 227 rue Jacques Cartier, St. Jean; Sec., Mlle C. Hébert, 142 rue Richelieu, St. Jean.

District 6

Noranda Chapter: Chairman, Mme G. Boisvert, 313-2e Ave., Noranda; Sec., Mlle G. Parke, Hôp. d'Youville, Noranda. *Hull* Chapter: Chairman, Mlle M. Lacombe, Hôp. du Sacré-Coeur, Hull; Sec., Rév. Soeur Lucien de Jésus, Hôp. du Sacré-Coeur, Hull.

District 7

Chairman, Mlle G. Gariépy, 318 St. Viateur, Joliette; Sec., Mlle Cécile Naud, 216 rue St. Marc, Joliette.

District 8

Chairman, Mlle M. A. Trudel, Hôp. St. Joseph, Trois-Rivières; Sec., Mlle Julie Lizé, 1152 rue Duplessis, Trois-Rivières.

District 9

French Chapter: Chairman, Mlle J. Gagnon, 404 rue St. Cyrille, Québec; Sec., Mlle G. Tessier, 400 boul. Charest, Québec. *English* Chapter: Chairman, Mrs. Jessie Green, Jeffery Hale's Hospital, Quebec; Sec., Mrs. L. Kennedy, 40½ Cartier Ave., Quebec.

District 10

Chairman, Mlle L. Couet, 162 Rivière du Moulin, Chicoutimi; Sec., Mlle Lucie Côté, 310 rue Hare, Arvida.

District 11

French Chapter: Chairman, Mlle B. Laliberté, 400 rue Prince Arthur ouest, app. 4, Montréal 18; Sec., Rév. Sr. Valérie de la Sagesse, Hôp. Ste. Justine, Montréal 10. *English* Chapter: Chairman, Miss C. V. Barrett, Royal Victoria Mtl. Maternity Hosp., Montreal 2; Sec., Miss D. Goodill, Royal Victoria Mtl. Maternity Hosp., Montreal 2.

SASKATCHEWAN

Saskatchewan Registered Nurses' Association (Incorporated 1917)

A/Pres., Miss I. Langstaff, Normal School, Saskatoon; A/First Vice-Pres., Miss F. Copeman, Sask. Training School, Weyburn; Sec. Vice-Pres., Rev. Sr. M. Tougas, Regina Grey Nuns' Hosp.; *Councillor*, Miss D. Code, Health Region, Moose Jaw; *Committee Chairmen: Private Nursing*, Mrs. G. E. Anderson, 1432 Wascana St., Regina; *Institutional Nursing*, Miss A. Campbell, Prince Albert Sanatorium; *Public Health Nursing*, Miss M. Edwards, Dept. of Public Health, Prov. Health Bldg., Regina; **Sec.-Treas. & Registrar, Miss Lola Wilson, Northern Crown Bldg., 1821 Scarth St., Regina.**

Regina Chapter, District 7, S.R.N.A.

Pres., Mrs. N. Street; Vice-Pres., Sr. A. Lavasseur, Mrs. R. McCallum; Sec.-Treas., Mrs. E. C. Parker, 4 Bartleman Apts.; Asst. Sec.-Treas., Miss N. Eddy; *Committee Chairmen: Institutional*, Miss A. Swendseid; *Private Duty*, Mrs. G. Perkins; *Public Health*, Miss F. C. Maddaford; *Rep. to The Canadian Nurse*, Miss M. Crawford, Grey Nuns' Hosp.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital

Hon. Pres., Miss A. Hebert; Past Pres., Mrs. H. J. Moore; Pres., Mrs. W. Pillidge; Vice-Pres., Mmes D. G. McInnes, L. Partridge, Misses A. Wilson, E. Foerstel; Rec. Sec., Mrs. E. Berryman; Corr. Sec., Mrs. I. E. Yearwood, 1231-13th Ave. W.; Treas. & Membership, Mrs. D. F. Thomson, 312-26th Ave. W.; *Committee Conveners: Press*, Mrs. T. Bewick; *Program*, Miss L. Edwards; *Refreshment*, Mrs. J. Porter; *Ways & Means*, Mrs. C. Parks; *Visiting*, Mrs. C. Boyd; *Extra Members: Banquet*, Mrs. G. B. Leslie; *Archivist*, Mmes T. E. Sykes, S. A. Emerson, J. Turner, Miss J. S. Swanson.

A.A., Holy Cross Hospital, Calgary

Pres., Miss M. Sparrow; Vice-Pres., Mmes E. Walshaw, S. McDonald; Rec. Sec., Miss A. Griffiths; Corr. Sec., Miss G. Wilson, 1740-1st Ave. N.W.; Treas., Miss R. Malo; *Committees: Membership*, Mmes D. Jackson, L. Buchanan; *Entertainment*, Mmes E. Crooks, Parsons; *Refreshment*, Mmes Benner, Moore, Wilson; *Paper*, Mmes B. Johnson, L. McAlpin; *Visiting*, Miss Gilbert; *Cards*, Mrs. J. Jackson.

A.A., Edmonton General Hospital

Hon. Pres., Rev. Srs. Superior, Keegan, Miss J. Slavik; Pres., Mrs. J. Pawlowski; Vice-Pres., Mmes M. Watson, J. O'Brien; Rec. Sec., Miss S. Trudel; Corr. Sec., Miss K. Pawlowski, 12430-111th Ave.; Treas., Mrs. T. Robinson; Pub. Sec., Mrs. R. Price; *Standing Committee*, Mmes E. Barnes (conv), T. Clarke (co-conv), Humphrey, Hough, P. Rentiers, Hope, E. Dennis, Miss Kelly; *Conv., Scholarship Fund*, Miss E. Bietsch.

A.A., Misericordia Hospital, Edmonton

Hon. Pres., Sr. St. Alban; Hon. Vice-Pres., Sr. St. Rudolph; Pres., Mrs. S. McLeod; Vice-Pres., Miss C. Wachowich; Sec., Miss J. Clark; Treas., Miss M. Harper, 11110-127th St.; *Committees: Social*, Mmes L. Burger, R. Simmerman; *Phone*, Mmes F. Pike, T. Perkins; *News Eds.*, Miss Wachowich, Mrs. Peterson; *Rep.*to *Press*, Mrs. G. Wharry.

A.A., Royal Alexandra Hospital, Edmonton

Hon. Pres., Miss I. Johnson; Pres., Mrs. J. Oliver; Vice-Pres., Mmes M. G. McCallum, A. D. Boutillier; Rec. Sec., Mrs. A. McDonald; Corr. Sec., Mrs. A. McPhee, 9658-95th Ave.; Treas., Mrs. A. Dunaway, 12218-106th St.; *Councillors*, Misses A. Anderson, M. Edgar, Mrs. R. D. Ferrier; *Committee Conveners: Social*, Miss M. Goulding; *News Letter*, Miss E. Forestell; *Visiting*, Mrs. S. McLeay; *Benefit & Loan*, Miss M. Griffith; *Program*, Mrs. McCallum; *Blue Book*, Miss A. Wilson; *Reps.* to: *Local Council of Women*, Miss M. Fraser; *Press* and *The Canadian Nurse*, Miss V. Chapman.

A.A., Archer Memorial Hospital, Lamont

Hon. Pres., Miss L. M. Young; Pres., Mrs. A. Cowan; Vice-Pres., Mmes C. E. F. Wolff, L. Langford; Sec.-Treas., Mrs. B. I. Love, Elk Island National Park, Lamont; *Executive*, Mmes J. D. Soper, E. Bryks, J. Miller, Miss P. Ritz; *Social Conv.*, Mrs. A. Southworth, Miss A. Bodnarek; *News Editor*, Mrs. A. Lett, Ganges, B.C.

A.A., Medicine Hat General Hospital

Pres., Mrs. A. Gant; Vice-Pres., Mrs. L. Garratt; Sec., Miss E. R. Breakell, M.H.G.H.; Treas., Miss M. Macdonald; *Historian*, Miss F. Ireland; *Executive*, Mmes R. Wall, S. Goldie, J. Barrie, Miss W. Phillips.

A.A., Vegreville General Hospital

Hon. Pres., Sr. Anna O'Donovan; Hon. Vice-Pres., Sr. Josephine Boisseau; Pres., Mrs. E. Dubuc; Vice-Pres., Mrs. D. Triska; Sec.-Treas., Mrs. Chas. Green, Box 339, Vegreville.

BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

Hon. Pres., Rev. Sr. Superior; Hon. Vice-Pres., Rev. Sr. Columkille; Pres., Mrs. W. Murray; Vice-Pres., Mrs. W. Dawe, Miss M. Brown; Rec. Sec., Mrs. J. Rogers; Corr. Sec., Mrs. A. Barnes, 1290 Burnaby St.; Treas., Miss H. Hull; Asst. Treas., Miss A. Belecky; *Committee Conveners: Sick Benefit & Emergency Funds*, Miss K. Bannister; *Bursary Loan*, Miss E. Kunderman; *Finance*, Mrs. C. Reavely; *Visiting*, Miss G. Corcoran; *Social*, Mrs. J. Lane; *Program*, Miss N. Rumen; *Publicity*, Miss B. McGillivray; *Sports*, Miss M. Kobluk; *Ed.*, Mrs. T. Gray; *Rep.* to *The Canadian Nurse*, Miss E. Black.

A.A., Vancouver General Hospital

Hon. Pres., Miss E. Palliser; Past Pres., Miss E. Nelson; Pres., Miss M. A. Campbell; Vice-Pres., Misses J. Pierce, A. Wakefield, Mrs. J. Campbell; Exec. Member, Mrs. A. Wyness; Exec. Sec., Mrs. M. Faulkner, 587 W. 18th Ave.; *Committee Conveners: Program*, Mrs. B. Atkinson; *Publicity*, Mrs. E. Hood; *Membership*, Mrs. J. Pettigrew; *Education*, Miss E. Lydiard.

A.A., Royal Jubilee Hospital, Victoria

Pres., Mrs. E. McKinnon; Vice-Pres., Misses M. Plunkett, M. McLeod; Sec., Miss H. McLeod, 1733 Denman St.; Asst. Sec., Mrs. J. Stabart; Treas., Mrs. D. J. Hunter; *Committee Conveners: Social*, Mrs. M. Hoffmeister; *Membership*, Miss M. Bawden; *Visiting*, Mrs. C. Alexander; *Phoning*, Mrs. G. Arsens; *Rep.* to *Press*, Mrs. M. Conyers.

A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. Rose Mary; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. I. Moore; Vice-Pres., Mmes J. D. Maltman, A. Searle; Rec. Sec., Mrs. J. H. Grant; Corr. Sec., Miss F. Spencer, 1468 Begbie St.; Treas., Miss V. Demmon; *Committees: Statistics*, Miss H. Cruickshanks; *Program*, Mrs. E. Daniher; *Refreshment*, Mmes A. Deeks (conv.), N. Staples, D. Dane, J. Shelley, Miss E. Walther; *Membership*, Mrs. J. D. Maltman; *Resolutions*, Mmes E. Corbett, J. Reid, R. Ditchburn; *Councillors*, Mmes Corbett, G. Rose, G. Hutchinson, Ditchburn; *Rep.* to *Press*, Miss P. Driver.

MANITOBA

A.A., St. Boniface Hospital

Hon. Pres., Rev. Sr. Clermont; Pres., Mrs. D. C. McDonald; Vice-Pres., Miss G. Baxter, Mrs. J. Baisley; Rec. Sec., Miss G. Cornist; Corr. Sec., Miss L. Wiebe, 91 Noble Ave., Winnipeg; Treas., Miss V. Williams; *Committees: Advisory*, Rev. Sr. Clermont, Misses T. Greville, C. Bourgeault, M. Gibson, E. Sellick; *Social*, Mrs. C. Topolinski; *Membership*, Mrs. P. Adam; *Visiting*, Miss D. MacDonald; *Legislative*, Mmes J. Jones, B. Smith, D. Nuyetan, Miss I. Pineau; *Archivist*, Miss L. Andrews; *Reps.* to: *Nurses' Registry*, Mrs. Gilchrist; *M.A.R.N.*, Mrs. Friesen; *The Canadian Nurse*, Miss K. B. McCallum.

A.A., Children's Hospital, Winnipeg

Past Pres., Mrs. A. Templeton; Pres., Miss B. Davis; Vice-Pres., Mrs. W. McCord; Rec. Sec., Miss S. Rankin; Corr. Sec., Miss L. Henderson, Nurses' Res.; Treas., Miss S. Austin; *Committees: Visiting*, Mrs. T. Kaye; *Entertainment*, Misses J. Mowat, D. Pringle; *Ways & Means*, Misses W. Fidlar, F. Pelechosky; *Refreshment*, Miss G. Linnery; *Membership*, Miss M. Williams; *Reps.* to: *C. H. Board*, Mrs. Templeton; *Local Council of Women*, Miss J. Boyd.

A.A., Grace Hospital, Winnipeg

Pres., Miss Vivian Benson; Vice-Pres., Mrs. Vi Symons; Sec.-Treas., Miss Evelyn Reynolds, 260 Madison St., St. James; *Editor, Alumnae Bulletin*, Mrs. Diehl.

A.A., Misericordia Hospital, Winnipeg

Hon. Pres., Miss H. Thompson; Pres., Mrs. V. McCulloch; Vice-Pres., Miss M. Long; Sec., Mrs. C. J. Hutton, Ste. 12, 149 Langside St.; Treas., Miss H. Talpash; *Social Convener*, Miss Long; *Visiting Convener*, Mrs. J. Stenhouse; *Rep.* to *The Canadian Nurse*, Miss J. Sklepowicz.

A.A., Victoria Hospital, Winnipeg

Pres., Mrs. J. Dunne; Vice-Pres., Mrs. M. McInnes; Rec. Sec., Mrs. M. Roper, 455 Montague St.; Treas., Mrs. O. Backhouse, 221 Broadway Crt.; *Committees: Visiting*, Miss E. Beeckert; *Social*, Misses D. Earle, Morden, Mmes L. Purdy, M. Cudmore; *Bulletin Ed. & Assts.*, Mmes P. Quiggan, I. Keech, R. Hollingworth; *Rep.* to *M.A.R.N.*, Miss Earle.

A.A., Winnipeg General Hospital

Pres., Mrs. C. Dojack; Vice-Pres., Mmes F. Wilson, P. Swan, R. Beamish; Rec. Sec., Mrs. M. Mitchell; Corr. Sec., Miss D. Marshall, 478 Waterloo St.; Treas., Mrs. D. Christie, 1414 Wellington Cres.; *Committee Conveners: Membership*, Miss B. Lee; *Visiting*, Miss H. Setka; *Program*, Miss J. Anderson; *Journal*, Misses N. Kjarsgaard, B. Murphy; *Scholarship*, Miss D. Hibbert; *Archivist*, Mrs. R. E. Emmett; *Reps.* to: *Local Council of Women*, Mrs. M. Beach; *Council of Social Agencies*, Miss I. McDiarmid; *School of Nursing*, Mrs. J. McQueen; *Doctors' & Nurses' Dir.*, Mrs. H. White; *The Canadian Nurse*, Miss M. Perfect.

NEW BRUNSWICK

A.A., Hotel Dieu Hospital, Campbellton

Pres., Mrs. Ernest Hennessey; Vice-Pres., Mrs. Raymond Callaghan; Sec.-Treas., Mrs. Edison Hennessy. Address: Atholville, N.B.

A.A., Victoria Public Hospital, Fredericton

Hon. Pres., Miss H. Schurman; Pres., Miss V. Good; Vice-Pres., Miss A. Miller; Sec.-Treas., Miss M. Brewer, V.P.H.; Asst. Sec.-Treas., Miss K. MacFarlane; *Committee Conveners: Ways & Means*, Mrs. T. Donovan; *Visiting & Welfare*, Miss M. McCain; *Picnic*, Miss D. Parsons; *Dinner*, Mrs. R. Brewer; *Add. Exec. Members*, Mrs. B. Colter, Miss M. Barry.

A.A., Saint John General Hospital

Hon. Pres., Miss E. J. Mitchell; Pres., Miss B. Selfridge; Vice-Pres., Mrs. E. Mooney, Miss A. Hanscome; Sec., Miss C. McLeod, S.J.G.H.; Asst. Sec., Miss L. Floyd; Treas., Miss D. Guild; Asst. Treas., Miss E. Hooper; *Committee Conveners: Program*, Miss P. Harrity; *Social*, Mrs. M. O'Neill; *Visiting*, Miss A. Carney; *Audior*, Mrs. J. Vaughan; *Add. Exec. Members*, Misses E. Williams, I. Wetmore.

A.A., L. P. Fisher Memorial Hospital, Woodstock

Pres., Mrs. M. McElroy, Grafton; Vice-Pres., Mrs. W. B. Manzer, Chapel St.; Sec.-Treas., Mrs. W. G. Adair, Richmond St.; *Executive Committee*, Mrs. T. L. Everett, St. Gertrude St.; Mmes D. Wetmore, L. Dunbar, Lower Woodstock; Mrs. J. Charters, Connell St.

NOVA SCOTIA

A.A., Nova Scotia Hospital, Dartmouth

Pres., Mrs. Ruth Grimm; Vice-Pres., Miss M. MacDougall; Sec., Mrs. Gwen Brackett; Treas., Mrs. H. Antonick, North Woodside, N.S.; *Committee Conveners: Refreshment*, Mrs. M. Schmeisser; *Program*, Miss H. Whitman; *Board of Directors*, Mmes C. O'Neil, R. Bonang, MacLeod.

A.A., Halifax Infirmary

Pres., Miss M. Meade; Vice-Pres., Mrs. C. Joncas; Rec. Sec., Mrs. A. Burns; Corr. Sec., Mrs. D. Phillips; Treas., Miss P. Lynch; *Committee Conveners: Visiting*, Mrs. K. Duggan; *Entertainment*, Mrs. S. Power; *Reps.* to: *Blue Cross*, Miss F. Doucet; *Press*, Miss C. Carson; *The Canadian Nurse*, Miss A. Doucette.

A.A., Victoria General Hospital, Halifax

Pres., Mrs. J. M. Cameron, 51 Vernon St.; Vice-Pres., Mrs. T. Carpenter, 23 Parkwood Terrace; Sec., Miss G. Gunn, V.G.H.; Treas., Miss R. Vincent, V.G.H.

A.A., Aberdeen Hospital, New Glasgow

Hon. Pres., Miss Nina Grant; Pres., Mrs. Don Morrison; Sec., Mrs. Alden Clarke; Treas., Miss Jessie McLaughlin, A. H.; *Rep.* to *Press*, Mrs. MacG. MacLeod.

A.A., City Hospital, Sydney

Hon. Pres., Miss A. Martin; Pres., Mrs. R. MacLean; Vice-Pres., Mrs. MacGillvary; Sec., Miss A. Collier, 164 Royal Ave.; Treas., Mrs. J. Johnson, 190 St. Peters Rd.; *Committees: Flower*, Miss L. Bagnell; *Visiting*, Mmes Russell, MacPherson; *Social*, Mmes J. Steuwe, G. Ross, C. Tracey, H. MacPherson, J. Reeves, P. MacDonald; *Publicity*, Mrs. Hillcoat; *Library Books*, Miss L. Munroe; *Rep.* to *The Canadian Nurse*, Miss M. Fitt.

ONTARIO

A.A., Belleville General Hospital

Hon. Pres., Miss A. D. Potts; Pres., Miss J. Bailey; Vice-Pres., Mrs. D. Bass, Miss B. Cormier; Sec., Miss R. Wilce, B.G.H.; Treas., Miss D. Platt, B.G.H.; *Committees: Nominating*, Misses M. Goodfellow, D. Allworth, M. Kilpatrick; *Gift & Social*, Misses M. English, H. Jones, E. Hutchinson, Mrs. J. Prentice; *Editorial*, Mmes S. Prentice, A. Smith; *Reps.* to: *V.O.N.*, Mrs. Clapp; *The Canadian Nurse*, Miss M. Taylor.

A.A., Brantford General Hospital

Hon. Pres., Miss J. M. Wilson; Pres., Miss M. Terryberry; Vice-Pres., Mmes G. Brittain, N. Golden; Sec., Mrs. V. Cheyne, R.R. 5, Brantford; Treas., Miss A. Riddle; *Committees: Gift*, Misses M. Southward, J. McCutcheon; *Flower*, Misses I. Marshall, V. Buckwell; *Social*, Mrs. B. Peacock; *Reps.* to: *Local Council of Women*, Mrs. R. Billo; *Council of Social Agencies*, Miss G. Westbrook; *Press & The Canadian Nurse*, Mrs. B. Gowman.

A.A., Brockville General Hospital

Hon. Pres., Misses Shannette, A. E. Moffatt; Pres., Miss H. Corbett; Vice-Pres., Mrs. H. W. Greene, Miss R. Carbery; Sec., Mrs. H. Bishop, 89 King St. W.; Asst. Sec., Miss E. Thorpe; Treas., Miss M. Gardiner; *Committees: Membership*, Misses V. Preston, J. Martin; *Visiting & Gift*, Miss V. Kendrick; *Social*, Mrs. D. Drummond; *Property*, Mmes H. W. Greene, W. E. Cooke; *Reps.* to: *Blue Cross*, Mrs. C. Babcock; *Press*, Miss Carbery.

A.A., Ontario Hospital, Brockville

Hon. Pres., Mrs. E. M. Orr; Pres., Mrs. B. Smith; Vice-Pres., Mmes E. Wilkins, O. Belfoi; Sec., Mrs. B. Kirker, 46 Pearl St. E.; Treas., Mrs. C. Alletson; *Committees: Social*, Mmes V. Ash, M. Glover, Miss M. Best; *Welfare*, Mmes B. Wilson, A. Haggerty, H. Forbes; *Membership & Fees*, Mmes J. Gaffney, M. Fairbourn, C. Jenkins; *Rep.* to *Press*, Mrs. A. Dodds.

A.A., Public General Hospital, Chatham

Hon. Pres., Miss P. Campbell; Pres., Miss Joan Holmes; Vice-Pres., Mrs. Ruth Judd, Miss Norine Collins; Rec. Sec., Miss Marguerite MacNally; Corr. Sec., Mrs. G. Brisley, 29 Prince St. N.; Treas., Miss M. Gilbert, 93 Patterson Ave.; *Rep.* to *The Canadian Nurse*, Miss E. Orr.

A.A., St. Joseph's Hospital, Chatham

Hon. Pres., Rev. Sr. M. Consolata; Hon. Vice-Pres., Rev. Sr. M. Georgina; Pres., Miss D. Marini; Vice-Pres., Mrs. C. I. Salmon, Miss D. Carley; Rec. Sec., Miss I. Costello; Corr. Sec., Miss A. Kenny, 258 Queen St.; Treas., Mrs. E. Peco; *Councillors*, Mmes H. McPherson, J. Embree, M. Jackson, Miss F. Richardson; *Committees: Program*, Miss C. Peco, Mmes D. Teahen, A. Doyle; *Lunch*, Misses M. Wildgen, T. Holmes, Mrs. P. Sullivan; *Buying*, Misses H. Buchan, M. Doyle; *Reps.* to: *Blue Cross*, Miss M. Boyle; *Press*, Miss I. Costello; *The Canadian Nurse*, Mrs. M. Jackson.

A.A., Cornwall General Hospital

Hon. Members, Mrs. Baldick, Miss M. Nephew; Pres., Mrs. M. MacNeil; Vice-Pres., Mrs. H. Quart, Miss Warren; Sec., Miss C. Smith, C.G.H.; Treas., Mrs. J. Kilgour; *Committee Conveners: Membership*, Miss I. Hume; *Flowers & Gift*, Miss E. Allen; *Social & Program*, Miss E. Paul; *Reps.* to: *Press*, Mrs. E. Lagroix; *The Canadian Nurse*, Mrs. E. Gunther.

A.A., Hotel Dieu Hospital, Cornwall

Hon. Pres., Sr. St. George; Pres., Sr. Mooney; Vice-Pres., Miss Veronica McPhail; Sec.-Treas., Sr. St. M. Magdalen, H.D.H.; *Social Convener*, Mrs. J. Densmore.

A.A., McKellar Hospital, Fort William

Hon. Pres., Miss K. Feisel; Pres., Mrs. C. Orton; Vice-Pres., Mrs. E. Olver; Sec., Mrs. T. Bolt; Corr. Sec., Miss A. McCuaig, 132 N. Norah St.; Treas., Mrs. D. Poulter, 549 Empire Ave.; *Council*, T. Cross, L. Ismond, Mmes B. Higginbottom, M. Manson, Payette, D. Wallace.

A.A., Galt Hospital

Hon. Pres., Miss G. Hill; Pres., Miss A. Stoltz; Vice-Pres., Mrs. W. Bell; Sec., Mrs. N. Kenney; Asst. Sec., Miss F. Cole; Treas., Miss J. Gilchrist, 7 Dalton Apts.; *Committees: Flowers & Gift*, Miss H. Blagden; *Social*, Mmes D. Scott, R. Park; *Rep.* to *Press*, Miss B. MacRae.

A.A., Guelph General Hospital

Hon. Pres., Miss R. Gaw; Pres., Miss M. McFee; Vice-Pres., Miss L. Campbell, Mrs. C. Gausden; Sec., Mrs. I. Parkinson, 58 Hearn Ave.; Treas., Miss C. Zeigler, 48 Delhi St.; *Committees: Social*, Miss E. Stockford; *Program*, Mrs. G. Farley; *Gifts & Cards*, Miss E. Stewart, Mrs. W. J. Fairweather; *Overseas Parcels*, Miss E. Padfield; *Scholarship*, Miss K. Cleghorn; *Reps.* to: *Blue Cross*, Miss D. Monteith; *Press*, Mmes Gausden, Parkinson; *The Canadian Nurse*, Miss J. Scott.

A.A., St. Joseph's Hospital, Guelph

Hon. Pres., Rev. Sr. M. St. Paul; Hon. Vice-Pres., Rev. Sr. M. Alphonsine; Pres., Mrs. N. Wilton; Vice-Pres., Mrs. E. Dale; Sec., Miss D. Milton, 159 Woolwich St.; Corr. Sec., Miss H. Harding; Treas., Mrs. K. Thomson; *Entertainment Conv.*, Miss M. Judson.

A.A., Hamilton General Hospital

Hon. Pres., Miss C. E. Brewster; Pres., Miss E. Ferguson; Vice-Pres., Miss G. Blyth, Mrs. E. Lamb; Rec. Sec., Miss M. Cameron, H.G.H.; Asst., Miss R. Truscott; Corr. Sec., Miss M. Irving; Treas. & Asst., Misses D. & H. Cosford; Sec.-Treas. & Asst., Mutual Benefit Ass'n, Misses M. Morrow, A. Lush; Exec. Com., Misses E. Baird (conv.), C. Leleu, E. Bingeman, I. Mayall, M. Henderson; *Committees: Program*, Misses A. Welstead, D. Stock; *Flower & Visiting*, Miss M. Williams; *Membership*, Misses M. Stewart, V. Pezzetta; *Publications*, Misses J. Irwin, E. Weldon; *Reps.* to: *Local Council of Women*, Mrs. J. Bristow; *R.N.A.O.*, Miss K. Ingram; *Trustees, W. F. Langrill Educ. Fund*, Misses A. Scheifele (conv.), M. Watson, H. Alderson, J. Harrison.

A.A., Ontario Hospital, Hamilton

Pres., Mrs. M. Clark; Vice-Pres., Mrs. I. Stevens; Sec., Miss N. Parker, Nurses' Res., O.H.; Treas., Mrs. G. Wallace; *Committees: Social*, Misses M. Orr, A. Legree, Porteous; *Visiting*, Mmes M. Sutherland, Jeffrey; *Rep.* to *Press*, Miss M. Moffatt.

A.A., St. Joseph's Hospital, Hamilton

Hon. Pres., Sr. M. Geraldine; Hon. Vice-Pres., Sr. M. Ursula; Pres., Mrs. Bert Markle; Vice-Pres., Miss E. Quinn, Mrs. J. Tilden; Sec., Miss B. Clohecy, 61 E. Ave. S.; Treas., Miss N. Hinks; *Committees: Executive*, Misses A. McCowell, N. Walsh, M. Reding, Mrs. R. C. Wheatley; *Social*, Miss A. Payne; *Publicity*, Miss D. Rilett; *Reps.* to: *R.N.A.O.*, Miss E. Freeman; *The Canadian Nurse*, Miss A. McNamara.

A.A., Kingston General Hospital

Hon. Pres., Miss L. D. Acton; Pres., Miss L. Smith; Vice-Pres., Mmes M. Potter, J. Cornwall; Sec., Miss B. Haynes, K.G.H.; Treas., Mrs. G. L. Hunt; *Committee Conveners: Flower*, Mrs. Smith; *Refreshment*, Miss M. Blair; *Reps.* to: *Film Council*, Mrs. Spence; *Local Council of Women*, Mrs. Leggett; *Private Duty Nurses*, Miss H. Jackson.

A.A., Kitchener-Waterloo Hospital, Kitchener

Hon. Pres., Miss Jessie Young; Pres., Miss Anne Leslie; Vice-Pres., Mmes R. Hodd, R. Ruppel; Sec., Miss Doris Murray, Nurses' Res., K-W.H.; Corr. Sec., Miss Elaine Snider; Treas., Miss Doris Backer.

A.A., St. Mary's Hospital, Kitchener

Hon. Pres., Sr. M Augustine; Hon. Vice-Pres., Sr. M. Grace; Pres., Mrs. D. Hentges; Vice-Pres., Misses M. Kuntz, E. Rogers; Rec. Sec., Mrs. O. Meyer; Corr. Sec., Mrs. M. Weber, 218 Ottawa St. N.; Treas., Miss A. Pautka.

A.A., Ross Memorial Hospital, Lindsay

Hon. Pres., Miss E. Reid; Hon. Vice-Pres., Miss B. M. Allen; Pres., Mrs. H. Lawrence; Vice-Pres., Mmes A. Terrill, E. Mark; Sec.-Treas., Miss W. Windatt, R.M.H.; *Committees: Membership*, Misses J. Ferguson, L. Brintnell; *Program*, Mmes V. Wagstaffe, M. Morrison, Miss Brintnell; *Rep.* to *Press*, Miss I. Brass.

A.A., Ontario Hospital, London

Hon. Pres., Misses Jacobs, Thomas; Pres., Mrs. P. Soutar; Vice-Pres., Mrs. L. Scott, Miss A. H. Thompson; Rec. Sec., Mrs. E. McKinlay, Westminster Hosp.; Corr. Sec., Mrs. E. Connor, 354 Winnipeg St.; Treas., Mrs. D. Chambers, 36 Eastmount Ave.; *Social Conv.*, Mrs. A. Hood; *Flower Conv.*, Mrs. J. Daiken; *Rep.* to *Press*, Mrs. Haylett.

A.A., St. Joseph's Hospital, London

Hon. Pres., Rev. Sr. St. Elizabeth; Hon. Vice-Pres., Rev. Sr. Ruth; Pres., Miss B. A. Bowles; Vice-Pres., Mrs. F. Maylor, Miss S. Gignac; Rec. Sec., Miss N. Parson; Corr. Sec., Miss R. Traynor, 808 Talbot St.; Treas., Miss M. Minielly; *Committees: Social*, Misses M. Doyle, J. Nieubourg; *Registry*, Misses F. Carfrae, F. Caddy, Mrs. K. Coughlin; *Reps.* to: *Press*, Mrs. M McCormick; *The Canadian Nurse*, Miss S. Gignac.

A.A., Victoria Hospital, London

Hon. Pres., Miss H. Stuart; Hon. Vice-Pres., Miss R. Thompson; Pres., Miss M. Kennedy, 1032 Patricia St.; Vice-Pres., Miss G. Clark, Mrs. N. McCallum; Rec. Sec., Mrs. H. Kennedy; Corr. Sec. Miss J. Wilmer 39 Teresa St.; Treas., Mrs. E. Humphries, 334 St. James St.; *Blue Cross Sec.*, Miss M. Hardie, 25 Carfrae Cres.; *Board of Directors*, Misses H. Bell, D. Atkinson, L. McGugan, D. Foy, L. Cummings, Mrs. A. Robinson.

A.A., Greater Niagara Hospital, Niagara Falls

Pres., Mrs. D. Schwab; Vice-Pres., Miss I. Betts; Sec., Mrs. E. McLeod, 878 Welland Ave.; Treas., Mrs. J. White; *Social Conveners*, Mmes Evans, N. Weaver.

A.A., Soldiers' Memorial Hospital, Orillia

Hon. Pres., Miss Buchanan; Pres., Miss P. Dixon; Vice-Pres., Miss M. McCuaig, Mrs. H. Cotton; Sec., Miss V. Hewitt, S.M.H.; Treas., Mrs. H. Hannaford, 316 Colborne St. W.; *Committee Conveners: Social*, Mrs. Middleton; *Visiting*, Miss J. MacLelland; *Program*, Miss P. Dixon; *Auditors*, Miss M. MacLelland, Mrs. Burnett; *Directors*, Misses M. McCuaig, M. MacLelland, Mrs. Deverall.

A.A., Oshawa General Hospital

Pres., Miss M. Wilkins; Vice-Pres., Mrs. Anderson; Rec. Sec., Miss M. Curtis; Corr. Sec., Miss Flintoff; Asst. Corr. Sec., Miss C. Glass; Treas., Mrs. Cheseborough; *Committee Conveners: Program*, Miss Hiscock; *Social*, Miss Stark; *Ed., News Bulletin*, Mrs. McRae.

A.A., Lady Stanley Institute (Incorporated 1918) Ottawa

Hon. Pres., Mrs. W. S. Lyman; Hon. Vice-Pres., Misses I. Stewart, E. Young; Pres., Mrs. L. R. Gisborne; Vice-Pres., Mrs. J. A. Steele; Sec., Miss M. C. Slinn, 204 Stanley Ave.; Treas., Miss M. E. Scott, 53 Arthur St.; *Directors*, Miss C. Pridmore, Mmes M. E. Jones, W. A. Oliver, W. E. Cavers; *Flower Convener*, Miss D. Booth; *Reps.* to: *Local Council of Women*, Mrs. C. A. Port; *Press*, Miss M. Ralph; *The Canadian Nurse*, Miss E. Johnson.

A.A., Ottawa Civic Hospital

Hon. Pres., Misses G. Bennett, E. Young; Past Pres., Miss P. Farmer; Pres., Miss E. M. Horsey; Vice-Pres., Misses V. Adair, H. Johnstone; Rec. Sec., Mrs. I. Veitch; Corr. Sec., Miss L. Barry, 105 Hamilton Ave.; Treas., Miss M. Lamb, 238 Gilmour St.; *Councillors*, Misses G. Ferguson, B. Graydon, E. Ferguson, H. Campbell, E. Thackeray, Mrs. W. Weld; *Nominating Conv.*, Miss D. Johnston; *Flower Conv.*, Miss G. Russett; *Rep.* to *The Canadian Nurse*, Miss E. Poitras, O.C.H.

A.A., Ottawa General Hospital

Hon. Pres., Rev. Sr. Marie Idella; Pres., Mme Noël Chassé, 311 Laurier Ave. E.; Vice-Pres., Miss M. Gormley, Mrs. D. Kipp; Sec., Miss D. Finlan; Treas., Miss D. Brennan; *Membership Sec.*, Rev. Sr. Helen of Rome; *Councillors*, Misses J. Frappier, P. Mantha, T. Hurtubise, T. Rathier, Mmes A. Lecours, R. Seguin.

A.A., St. Luke's Hospital, Ottawa

Hon. Pres., Miss E. Maxwell, C.B.E.; Pres., Miss D. Brown; Vice-Pres., Mrs. G. Gamble; Sec., Mrs. H. Macfarlane; Corr. Sec., Miss L. Craig; Treas., Miss S. M. Clarke, 125 Somerset St. W., Apt. 7; *Committees: Flower*, Mrs. W. Creighton; *Nominating*, Miss M. Ross, Mrs. R. Brown; *Reps.* to: *Blue Cross & The Canadian Nurse*, Miss I. Johnston; *Local Council of Women*, Mmes R. Stewart, A. Glass.

A.A., Owen Sound General and Marine Hospital

Hon. Pres., Misses E. Webster, W. Cooke; Pres., Mrs. Storey; Vice-Pres., Mrs. Dewar; Sec., Mrs. M. Keeling, 1064-1st Ave. A.W.; Treas., Mrs. H. McKerroll; *Committee Conveners: Program*, Mrs. Murphy; *Finance*, Miss A. Cook; *Social*, Miss L. Metcalfe; *Buying*, Miss M. McMillan; *Reps.* to: *R.N.A.O.*, Miss C. Metcalfe; *Blue Cross*, Miss R. Showell; *The Canadian Nurse*, Miss M. Cruickshank.

A.A., Peterborough Civic Hospital

Hon. Pres., Miss A. L. Thomson; Pres., Mrs. M. B. Pringle; Vice-Pres., Miss M. Deyell, Mrs. A. Logan; Sec., Miss M. Robson; Corr. Sec., Mrs. M. G. Forsythe, P.C.H.; Treas., Miss J. Gillespie; *Editor*, Mrs. J. Thornton; *Committee Conveners: Social*, Mrs. H. I. Walker; *Flower*, Miss M. Langmaid; *Hospitalisation*, Miss J. Preston.

A.A., St. Joseph's General Hospital, Port Arthur

Pres., Mrs. Edith Chase; Vice-Pres., Miss Mary McEwen; Rec. Sec., Mrs. Isobel Purves, 25 Marlborough Rd.; Corr. Sec., Mrs. Isabel McLean; Treas., Mrs. Amy Hague; *Executive*, Mmes N. Vescid, K. Young, Misses F. Naden, V. Orr.

A.A., Mack Training School, St. Catharines

Hon. Pres., Miss E. Bell Rogers; Pres., Miss Emily Purton; Vice-Pres., Miss L. Kottmeier; Sec., Miss Jean Maclean, 176 James St.; Treas., Miss N. Rolls; *Social Conv.*, Miss J. Turner; *Program Conv.*, Miss J. MacKay; *Rep.* to *The Canadian Nurse*, Miss S. Murray.

A.A., St. Thomas Memorial Hospital

Hon. Pres., Miss Isabell Stewart; Pres., Mrs. D. Higgs; Vice-Pres., Mrs. F. Astbury; Sec., Miss A. Claypole; Corr. Sec., Miss Etta Dodds, 33 Wellington St.; Treas., Miss D. Ferguson.

A.A., Sarnia General Hospital

Hon. Pres., Miss Rahno Beamish; Past Pres., Miss L. Lannin; Pres., Mrs. C. Colcott; Vice-Pres., Mrs. I. Williams; Sec., Mrs. J. Gennoe; Treas., Mrs. E. Wright, 106 N. Brock St.; *Rep.* to *The Canadian Nurse*, Mrs. J. Lennox, 159 Cotterbury.

A.A., Stratford General Hospital

Hon. Pres., Miss A. Munn; Pres., Mrs. B. Heinbuch; Vice-Pres., Miss B. Mousseau; Sec., Mrs. B. Ische, Box 89, Sebringville; Treas., Miss A. Woelfle, 303 Cambria St.; *Committees: Social*, Misses R. Cleland, M. Murr, Mmes Hill, Nelson, Ellison; *Flower & Gift*, Misses Hildreth, Hutchison; *News Reporter*, Mrs. M. Stoskopf; *Rep.* to *Press*, Mrs. Heinbuch.

A.A., The Grant Macdonald Training School for Nurses, Toronto

Hon. Pres., Miss P. L. Morrison; Pres., Mrs. B. Darwent; Vice-Pres., Mrs. A. Wallace; Rec. Sec., Mrs. Cook, 16 Springhurst Ave.; Corr. Sec., Mrs. Jacques, 23 Fuller Ave.; Treas., Miss M. McCullough; *Social Convener*, Mrs. Smith

A.A., Hospital for Sick Children, Toronto

Pres., Miss N. Toy; Vice-Pres., Mrs. N. Richards, Miss T. J. May; Rec. Sec., Miss J. Lewis; Corr. Sec., Miss Doris Muckle, H.S.C.; Treas., Miss K. Highmoor; Asst. Treas., Miss P. Ecclestone.

A.A., Riverdale Hospital, Toronto

Pres., Mrs. S. Hubbert; Vice-Pres., Mrs. Tobin; Sec., Mrs. G. Bourne, 100 Heath St. E.; Treas., Mrs. T. Fairbairn, 98 du Vernet Ave.; *Committees: Program*, Mrs. P. Forge; *Visiting*, Mmes C. Spreeman, H. Dunbar; *R.N.A.O.*, Miss M. Ferry; *Rep.* to *The Canadian Nurse*, Miss A. Armstrong.

A.A., St. John's Hospital, Toronto

Hon. Pres., Sr. Beatrice, S.S.J.D.; Pres., Mrs. A. Redpath; Vice-Pres., Misses G. Cowieson, G. Stevens; Rec. Sec., Miss F. Young; Corr. Sec., Miss M. Creighton, 152 Boon Ave.; Treas., Mrs. R. Thring; *Visiting Convener*, Mrs. M. Rust.

A.A., St. Joseph's Hospital, Toronto

Hon. Pres., Rev. Sr. Superior; Hon. Vice-Pres., Rev. Sr. Viennay; Pres., Miss J. Ennis; Vice-Pres., Misses J. Conlin, H. Williams; Rec. Sec., Miss K. Walker; Corr. Sec., Mrs. G. O'Reilly; Treas., Miss J. Moston; Asst. Treas., Mrs. P. Doran; *Councillors*, Misses B. Frise, V. Smith, N. Doherty, A. Briggs; *Committee Conveners: Program*, Miss V. Burns; *Membership*, Miss J. Indrulanus; *Refreshment*, Mrs. L. Murphy; *Social*, Miss J. O'Grady; *Reps.* to: *Central Registry*, Miss M. Fitzmaurice; *R.N.A.O.*, Miss M. Kelly.

A.A., St. Michael's Hospital, Toronto

Hon. Pres., Sr. M. Kathleen; Pres., Miss L. Huck; Vice-Pres., Misses D. Bergin, M. Watson, K. Hart; Rec. Sec., Miss Shaver; Corr. Sec., Miss J. La Croix; Treas., Miss D. Murphy, 92 Westminster Ave.; *Active & Assoc. Membership*, Miss B. McLaughlin, Mrs. J. McCormack; *Reps.* to: *Register*, Misses H. O'Sullivan, A. Murphy, Mrs. A. Romano; *Blue Cross*, Miss A. Romano; *R.N.A.O.*, Miss G. Ferguson; *Press*, Miss D. Bowman; *Ed.*, "*News*", Miss K. Boyle.

A.A., School of Nursing, University of Toronto

Hon. Pres., Miss E. K. Russell; Hon. Vice-Pres., Miss F. H. M. Emory; Past Pres., Miss Helen Carpenter; Pres., Miss Edith R. Dick; First Vice-Pres., Miss Eileen Cryderman; Sec. Vice-Pres., Miss Gwladwen Jones; Sec.-Treas., Mrs. Charles Querrie, 23 Marmaduke St., Toronto 3.

A.A., Toronto General Hospital

Pres., Mrs. H. E. Martin; Vice-Pres., Misses E. Stuart, E. Walker; Sec.-Treas., Mrs. G. S. Culley, 7 Sylvan Ave.; *Councillors*, Misses G. Rollins, M. Agar, L. McSweeney, E. Baily.

A.A., Training School for Nurses of the Toronto East General Hospital with which is incorporated the Toronto Orthopedic Hospital

Hon. Pres., Miss E. MacLean; Pres., Mrs. D. Seelig; Vice-Pres., Mmes R. Derbyshire, D. Hunter; Rec. Sec., Miss B. Ross; Corr. Sec., Mrs. C. M. Philip, 155 Donlands Ave.; Treas., Miss R. Carmichael; *Committee Conveners: Social*, Mrs. D. Hunter; *Program*, Mrs. Derbyshire; *Flower*, Miss B. Davidson; *Year Book*, Mrs. J. Bartley; *Reps.* to: *Blue Cross*, Miss H. Hanson; *Press*, Miss D. Davies (Asst., Miss B. Howse).

A.A., Toronto Western Hospital

Hon. Pres., Miss B. L. Ellis, Mrs. C. J. Currie; Pres., Mrs. J. C. Miller; Vice-Pres., Misses B. Miles, A. Bell; Corr. Sec., Mrs. M. Strachan, 348 Spadina Rd.; Treas., Miss F. Clarkson; *Blue Cross* Treas., Miss K. Ellis; *Reps.* to: *R.N.A.O.*, Miss D. Jordan; *The Canadian Nurse*, Miss Ayerst.

A.A., Wellesley Hospital, Toronto

Hon. Pres., Miss E. K. Jones; Pres., Miss J. Hayden; Vice-Pres., Miss M. Sewell, Mrs. E. Moffitt; Rec. Sec. & Asst., Misses L. E. Cooke, B. L. Wallis; Corr. Sec., Miss P. Gates, W.H.; Asst., Miss G. Carter; Treas., Miss H. Carruthers; *Committees: Charity Fund*, Mrs. H. Farthing; *Social*, Misses A. MacLean (*conv*), J. Young; *Entertainment*, Misses A. Steele (*conv*), F. Stalter, B. A. Lee; *Membership*, Miss J. Hamshar; *Nominating*, Miss I. Donovan; *Custodian*, Miss B Williams; *Auditors*, Miss A. Dinwoody, Mrs. J. Smith; *Rep.* to *Press*, Miss B. Brooker.

A.A., Women's College Hospital, Toronto

Hon. Pres., Miss H. T. Meiklejohn; Pres., Mrs. W. Stephens; Hon. Vice-Pres., Miss D. Macham; Vice-Pres., Mrs. I. Gordon, Miss R. Drummond; Sec.-Treas., Mrs. S. Hall, 134 St. Germaine Ave.; Rec. Sec., Mrs. J. Williamson; *Councillors*, Mrs. D. Gordon, Misses M. Elliott, V. Treacy; Past Pres., Mrs. A. Slater.

A.A., Ontario Hospital, New Toronto

Hon. Pres., Miss P. C. Graham; Pres., Miss M. Bragg; Vice-Pres., Misses M. Venchuk, M. Dickie; Rec. Sec., Mrs. E. Baker; Corr. Sec., Miss L. Sinclair, 19-17th St., New Toronto 14; Treas., Mrs. E. Claxton; *Committees: Program*, Misses M. Doucett, Greenslade, Mrs. Pillar; *Social*, Misses G. Reid, I. Gibson, J. Weatherstone, Mrs. P. Henderson; *Membership*, Miss E. Moriarty, Mrs. F. Brown; *Scholarship*, Miss A. Burd; *Flower & Visiting*, Misses H. Carkery, I. Gibson; *Rep.* to *The Canadian Nurse*, Mrs. Pillar.

A.A., Connaught Training School for Nurses Toronto Hospital for Tuberculosis, Weston

Hon. Pres., Miss E. Macpherson Dickson; Pres., Mrs. C. Salla; Vice-Pres., Miss E. Tilyard; Sec., Mrs. O. J. Dennis, 15 Cavell Ave., Toronto 6; Treas., Mrs. C. T. Ella; *Committee Conveners: Social*, Mrs. A. Friers; *Entertainment*, Mrs. W. Rowntree; *Visiting*, Miss D. Brownlee.

A.A., Grace Hospital, Windsor

Pres., Mrs. Dorothy Howard; Vice-Pres., Mrs. Thomas Barrett; Sec., Miss Kathleen Burgess, 365 Partington Ave.; Treas., Miss Alma Rhoads; *Echoes Editor*, Major Gladys Barker.

A.A., Hôtel-Dieu Hospital, Windsor

Hon. Pres., Mother Garceau; Pres., Miss Inez Canil; First Vice-Pres., Miss Isabel O'Brien; Sec. Vice-Pres., Miss Vera Moran; Sec.-Treas., Miss Eva Trepanier, 1471 Benjamin Rd.; *Soc. Sec.*, Miss Marion Coyle.

A.A., Woodstock General Hospital

Hon. Pres., Miss H. Marsh; Pres., Mrs. M. Likins; Vice-Pres., Mrs. V. Innes, Miss K. Start; Sec., Miss B. McDonald; Corr. Sec., Miss E. Watson, W.G.H.; Treas.,Miss B. Brandow; Asst. Treas., Mrs. C. Tatham; *Committees: Social*, Misses B. McDonald, M. Charlton; *Program*, Misses A. Waldie, Boniface; *Flower & Gift*, Misses M. Hodgins, Watts; *Rep.* to *Blue Cross*, Mrs. Tatham.

QUEBEC

A.A., Lachine General Hospital

Pres., Miss Ruby Goodfellow; Vice-Pres., Miss Myrtle Gleason; Sec.-Treas., Mrs. Byrtha Jobber, Sacred Heart Hosp., Caughnawaga; *General Nursing Representative*, Miss Ruby Goodfellow; *Executive Committee*, Mrs. Barlow, Mrs. Gaw, Miss Dewar.

A.A., Children's Memorial Hospital, Montreal

Pres., Mrs. Norman S. McFarland, 4614 Hingston Ave.; Vice-Pres., Mrs. F. C. Martin, 4765 Victoria Ave.; Sec., Miss M. Flander, 1615 Cedar Ave.; Treas., Mrs. H. Miller, 63 Merton Rd., Hampstead, Mtl.

Staff Nurses' Association Children's Memorial Hospital, Montreal

Pres., Miss M. Flander; Vice-Pres., Miss M. McKenney; Sec., Miss J. Tallon; Treas., Miss H. Nuttall; *Social Conv.*, Miss N. Pearson; *Educational Conv. & Rep.* to *The Canadian Nurse*, Miss J. Thirlaway.

A.A., Homoeopathic Hospital, Montreal

Hon. Pres., Miss Russell; Pres., Miss Cox; Vice-Pres., Miss Henshaw; Sec., Miss Lawson; Asst. Sec., Miss Ewins; Treas., Mrs. Blandford; Asst. Treas., Miss Edwards; *Committees: Entertainment*, Miss Henderson, Mrs. Harper; *Refreshment*, Mmes Holland, Mitchell, Miss Arendt; *Visiting*, Misses Currie, McMurtry; *Sick Benefit*, Miss Garrick; *Membership*, Miss Bennett; *Reps.* to: *Local Council of Women*, Mmes Pugsley, Esson; *The Canadian Nurse*, Miss MacDonald; *News Notes*, Misses Hughes, Blennerhassett.

L'Association des Gardes-Malades Diplômées Hôpital Notre-Dame, Montréal

Prés., Mlle T. Leclerc; Vice-Prés., Mlles C. Des-Marais, J. Thériault; Sec.-Arch., Mlle H. Olivier; Sec.-Corr., Mlle S. Lamarche; Sec.-Adj., Mlle R. Séguin; Trés., Mlle T. Lemay; *Conseillères*, Mlles T. Lamoureux, S. Tessier, T. Goyette.

A.A., Montreal General Hospital

Hon. Pres., Miss J. Webster, O.B.E.; Pres., Miss C. Angus; Vice-Pres., Mmes T. Read, B. S. Johnston; Rec. Sec., Miss J. Anderson, 3575 Jeanne Mance St.; Corr. Sec., Miss J. Lisson; Treas., Misses I. Davies, M. MacLeod; *Committees: Executive*, Misses M. Mathewson, B. Herman, B. Miller, I. Jensen, Mrs. L. H. Fisher; *Visiting*, Misses M. Stevens, M. McGregor; *Program*, Misses R. A. MacDonald (conv), C. Aikin, M. Yearsley; *Refreshment*, Misses E. Wyman (conv), C. Graham, H. Mitchell; *Reps.* to: *Private Duty*, Mrs. R. Smith; *Local Council of Women*, Mmes J. T. Allan, J. L. Stewart; *The Canadian Nurse*, Miss M. Shannan; *MUTUAL BENEFIT ASS'N:* Pres., Miss C. Angus; Vice-Pres., Mrs. T. Read; Sec., Miss J. Anderson; Treas., Misses Davies, MacLeod; *Exec. Com.*, Misses M. Mathewson, E. Pibus, Mmes S. Townsend, D. L. Stewart.

A.A., Royal Victoria Hospital, Montreal

Hon. Pres., Mrs. A. M. Stanley; Pres., Miss Janet MacKay; Vice-Pres., Mrs. C. G. Sutherland, Miss H. M. Lamont; Rec. Sec., Miss J. Cook; Sec.-Treas., Miss G. A. K. Moffat, 2055 Mansfield St.; *Board of Directors*, Misses MacKay, Turnbull, E. Currie, A. Haggart, Cook, E. Gordon, Warnock, Lamont, Mmes Sutherland, Morrell, F. A. C. Scrimger; *Standing Committees: Finance*, Miss A. Turnbull; *Program*, Miss M. Warnock; *Private Duty*, Mrs. R. B. Morrell; *Other Committees: Visiting*, Misses F. Pendleton, H. Clarke, W. MacLean, M. Chisnell; *Reps.* to: *Local Council of Women*, Mmes Sutherland, K. E. Dowd; *The Canadian Nurse*, Miss E. O'Neill.

A.A., St. Mary's Hospital, Montreal

Pres., Miss M. E. DesRosiers; Vice-Pres., Miss E. Roach; Rec. Sec., Miss K. Murphy; Corr. Sec., Miss E. M. O'Connor, 3830 Lacombe Ave.; Treas., Miss M. Smith; *Rep.* to *Press & The Canadian Nurse*, Mrs. J. Cosgrove.

A.A., School for Graduate Nurses, McGill University, Montreal

Pres., Miss K. Dickson; Vice-Pres., Miss F. J. Larkin; Sec., Miss W. A. Howes, Herbert Reddy Memorial Hosp.; Treas., Miss J. Grant; *Committee Conveners: Program*, Miss H. Perry; *Public Health* Miss McKellop; *Publications*, Miss D. Mapes; *Administration*, Miss A. Honey; *Reps.* to *Local Council of Women*, Mmes J. T. Allan, Townsend; *Ex Officio*, Miss A. Major, Mrs. E. C. Wurtele.